

# PREA Facility Audit Report: Final

**Name of Facility:** Sumter County Correctional Institute

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/21/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Darla P. OConnor

**Date of Signature:** 07/21/2025

## AUDITOR INFORMATION

**Auditor name:** OConnor, Darla

**Email:** doconnor@strategicjusticesolutions.com

**Start Date of On-Site Audit:** 06/02/2025

**End Date of On-Site Audit:** 06/04/2025

## FACILITY INFORMATION

**Facility name:** Sumter County Correctional Institute

**Facility physical address:** 346 McMath Mill Road , Americus , Georgia - 31709

**Facility mailing address:** P.O. Box 484, Americus, Georgia - 31719

## Primary Contact

<b>Name:</b>	Tracey Hobbs
<b>Email Address:</b>	THobbs@sumtercountyga.us
<b>Telephone Number:</b>	229-928-4582

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Jimmie Colson
<b>Email Address:</b>	JColson@sumtercountyga.us
<b>Telephone Number:</b>	229-928-4582

#### Facility PREA Compliance Manager

<b>Name:</b>	Tracey Hobbs
<b>Email Address:</b>	thobbs@sumtercountyga.us
<b>Telephone Number:</b>	(229) 942-8061

#### Facility Health Service Administrator On-site

<b>Name:</b>	Tasheia King
<b>Email Address:</b>	Tasheiak@mymedtrust.com
<b>Telephone Number:</b>	229-942-6882

#### Facility Characteristics

<b>Designed facility capacity:</b>	350
<b>Current population of facility:</b>	346
<b>Average daily population for the past 12 months:</b>	346
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-65
<b>Facility security levels/inmate custody levels:</b>	Medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	33
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	27
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	2

AGENCY INFORMATION	
<b>Name of agency:</b>	Sumter County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	500 West Lamar Street , P.O. Box 295, Americus , Georgia - 31709
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Bennett Kight	<b>Email Address:</b>	bennett.kight@gdc.ga.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

**1. Start date of the onsite portion of the audit:**

2025-06-02

**2. End date of the onsite portion of the audit:**

2025-06-04

#### Outreach

**10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?**

☒ Yes

☐ No

**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

As part of the verification process for compliance with PREA standards related to victim support services, the Auditor initiated direct outreach to multiple external victim advocacy organizations. The objective of this outreach was to confirm that incarcerated individuals at the facility have access to confidential, trauma-informed services provided by qualified community-based organizations. This step also served to assess the strength and functionality of existing partnerships between the facility and advocacy providers—key indicators of a facility’s commitment to offering meaningful, survivor-centered care to those impacted by sexual abuse.

The Auditor contacted Just Detention International (JDI), a highly respected national organization dedicated to ending sexual violence in all forms of detention. JDI was asked whether it had received any requests for support, information, or services from either the facility or individuals housed within it during the audit review period. In response, JDI representatives confirmed that they had no record of contact from this facility or any incarcerated individual residing there during the designated timeframe. While this indicates that the organization’s services were not utilized in this instance, it does not negate the relevance or availability of JDI’s resources for the facility population.

The Auditor also spoke with representatives from Lily Pad SANE Center, a local, community-based sexual assault crisis agency that specializes in sexual assault nurse examinations (SANE) and victim advocacy. The center confirmed that it maintains a current, active Memorandum of Understanding (MOU) with the facility. This agreement outlines formal protocols for the provision of advocacy services to survivors of sexual abuse in custody. Under the terms of the MOU, a trained advocate is available to accompany incarcerated individuals during forensic medical exams conducted off-site, typically at a local emergency department.

This presence ensures emotional support and reinforces trauma-informed practices throughout the medical response process. To further evaluate the scope of available services, the Auditor also contacted the Georgia Network to End Sexual Assault (GNESA), a statewide coalition of service providers and advocates. GNESA reported that it had not received any communication or service requests from the facility or its residents during the review period. Although this indicates limited direct engagement over the past year, GNESA remains a potential resource and part of the broader network of support services available to the facility.

#### CONCLUSION

The outreach conducted by the Auditor confirmed that Sumter County Correctional Institution has taken deliberate steps to establish meaningful relationships with external victim advocacy organizations capable of providing confidential, trauma-informed services to survivors of sexual abuse in custody. While actual utilization of these services appears to have been minimal during the review period, the infrastructure necessary to support survivors is firmly in place.

These relationships—with entities such as the Lily Pad SANE Center, Rape Response, Inc., and national partners like Just Detention International—reflect the facility's alignment with the expectations of the Prison Rape Elimination Act. Importantly, they demonstrate a commitment not only to policy compliance but to ensuring that incarcerated individuals have access to critical advocacy and emotional support when needed. The availability of external victim services enhances survivor trust, encourages reporting, and strengthens the facility's overall efforts to prevent, detect, and respond to sexual abuse with integrity and compassion.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	350
15. Average daily population for the past 12 months:	346
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

## Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	345
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0



<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

**29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):**

At the time of the on-site Prison Rape Elimination Act (PREA) audit, the facility reported a total incarcerated population of 345 individuals. According to the requirements outlined in the PREA Auditor Handbook, a facility housing this number of individuals must conduct at least thirteen targeted interviews with persons in custody who fall within specific vulnerability categories identified under the PREA standards.

These categories include individuals who self-identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); individuals under the age of 18 housed in an adult facility; people with limited English proficiency (LEP); those with cognitive, developmental, or physical disabilities; individuals who have previously experienced sexual victimization; and anyone who has reported sexual abuse or harassment while in custody.

During the audit review period, the facility reported housing only one individual who disclosed prior sexual victimization during intake screening. This person was interviewed in-depth during the on-site audit. According to their account, facility staff responded promptly and appropriately to the disclosure. A referral to mental health services was offered the same day, consistent with policy. Although the individual chose not to accept the referral at the time, they reported being made fully aware that counseling and evaluation services remained available to them at any point should their needs change. This response highlights the facility's trauma-informed approach and reinforces the importance of offering supportive services without coercion or delay.

Further review of intake records, housing logs, and interviews with staff responsible for classification, mental health, and intake revealed that, during the past twelve months, the facility had not housed any individuals who identified as LGBTI, required LEP accommodations, or reported experiencing sexual abuse during their current

incarceration. Additionally, the facility's population at the time of the audit did not include individuals under 18, those held solely for civil immigration purposes, or individuals with known physical or cognitive disabilities requiring specialized PREA-related accommodations.

Given these population characteristics, the Auditor conducted one targeted interview. This decision was based not on a shortfall in interview planning, but rather on the actual demographic and risk-based composition of the population at the time of the audit. The limited number of targeted interviews is consistent with both the letter and intent of PREA auditing protocols, which require that interviews be conducted only when qualifying individuals are available.

Importantly, the absence of additional targeted interview subjects did not hinder the Auditor's ability to assess compliance with PREA requirements. Staff demonstrated strong familiarity with the appropriate procedures for identifying and supporting individuals who fall into vulnerable or specialized categories. Documentation of the facility's screening and intake practices confirmed that comprehensive protocols are in place to identify individuals with elevated risk for sexual victimization or abusiveness and to apply safeguards accordingly.

In conclusion, while the population at the time of the audit did not reflect broad representation across all targeted categories, the facility's systems, training, and staff preparedness clearly indicate the capacity to provide responsive, appropriate, and policy-aligned care should such individuals be admitted in the future. The institution's proactive stance and structured processes reflect its continued commitment to maintaining compliance with PREA standards and ensuring the safety and dignity of all persons in its custody.

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
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<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	33
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<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	2
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<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	3
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**33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:**

At the time of the on-site PREA audit, the facility reported a small but consistent presence of volunteers and contractors participating in facility operations. Despite the limited number of non-employee personnel, the institution exhibited a strong and deliberate commitment to ensuring that all individuals who have access to the incarcerated population—regardless of employment status—are held to the same high standards of professionalism, accountability, and PREA compliance. Through a detailed review of facility records and interviews with leadership and supervisory staff, the Auditor verified that every volunteer and contractor authorized to work within the facility had undergone a comprehensive background check prior to entering the facility. These screenings are consistent with those conducted for permanent staff and are designed to identify any potential risks that could jeopardize the safety or integrity of the institutional environment. Additionally, all non-employee personnel received mandatory PREA training prior to beginning their service and were subject to continued oversight thereafter. The training provided to these individuals covered core topics such as the facility's zero-tolerance policy for sexual abuse and harassment, appropriate boundaries when interacting with incarcerated individuals, procedures for reporting concerns or incidents, and strategies for maintaining a safe and respectful environment. Documentation confirmed that this training is standardized across all facility personnel, ensuring that contractors and volunteers are equally prepared to fulfill their responsibilities in alignment with PREA expectations. The roles filled by contractors varied and included technical support, facility maintenance, and the provision of specialized programming not otherwise available through in-house resources. Volunteers largely came from community-based or faith-based organizations, often contributing to

educational, spiritual, or rehabilitative initiatives aimed at supporting the personal growth and reintegration goals of individuals in custody. These volunteers are regarded as valuable contributors to the facility's mission and are treated as key stakeholders in the broader culture of safety and rehabilitation. During the audit, there were no indications—through documentation, interviews, or observations—that any volunteers or contractors currently serving in the facility met the criteria for PREA's designated vulnerable or targeted staff categories. Specifically, there were no individuals identified as transgender, intersex, nonbinary, or individuals with intellectual or physical disabilities requiring additional accommodation under PREA standards. Nevertheless, facility staff demonstrated awareness and preparedness regarding how policies would be applied to ensure protection and support for such individuals, should they be added to the facility's workforce in the future.

The facility maintains a centralized, up-to-date roster of all contractors and volunteers authorized to enter and work within the institution. This roster includes essential details such as background check clearance dates, documentation of PREA training completion, orientation status, and authorized areas of access within the facility. The Auditor reviewed this information and found it to be meticulously maintained, reflecting both procedural diligence and a strong internal commitment to compliance oversight. Staff interviews further confirmed that all external personnel are supervised closely while in the facility and are fully informed of the boundaries, expectations, and reporting responsibilities tied to their roles. Supervisors emphasized that contractors and volunteers are held to the same standards of professional conduct as facility employees and that any deviation from those standards would be addressed promptly and appropriately.

	<p>In summary, the facility’s approach to managing and supporting volunteers and contractors is consistent with PREA best practices and reflects a proactive, inclusive philosophy of institutional safety. By treating all individuals working within the facility—whether staff, contractor, or volunteer—with the same level of scrutiny, training, and respect, the institution ensures that its culture of accountability and zero tolerance for sexual abuse extends to every corner of its operations.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	25
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age         </div> <div> <input checked="" type="checkbox"/> Race         </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)         </div> <div> <input checked="" type="checkbox"/> Length of time in the facility         </div> <div> <input checked="" type="checkbox"/> Housing assignment         </div> <div> <input type="checkbox"/> Gender         </div> <div> <input type="checkbox"/> Other         </div> <div> <input type="checkbox"/> None         </div>

**36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?**

At the commencement of the on-site PREA audit, the facility reported a total incarcerated population of 345 individuals. In accordance with the PREA Auditor Handbook, facilities of this size are required to conduct a minimum of twenty-six inmate interviews—split evenly between random and targeted individuals. Targeted interviews are intended to include persons who meet specific vulnerability criteria, such as individuals who are transgender or intersex, persons with limited English proficiency (LEP), individuals with cognitive or physical disabilities, youthful individuals, those who have disclosed prior sexual victimization, or those who have reported sexual abuse or harassment while in custody.

During the review period, only one individual currently housed at the facility met the eligibility criteria for targeted interviews. This determination was based on a thorough review of intake screening data, classification records, and confirmation from facility staff involved in intake and mental health services. As a result, the Auditor conducted one targeted interview with that individual and completed twenty-five additional interviews randomly selected from the general population to fulfill the required number.

To ensure a diverse and representative sample of interviewees, the Auditor used the alphabetical rosters of individuals assigned to each housing unit to guide the random selection process. Care was taken to include a broad cross-section of individuals reflecting various housing locations, racial and ethnic identities, ages, and lengths of incarceration. This deliberate approach aimed to capture a wide range of perspectives and experiences within the facility.

Each interview was conducted in a private, confidential setting to encourage open, honest conversation. Before beginning, the Auditor explained the voluntary nature of participation, the purpose of the audit, and their independent role in assessing compliance with the PREA standards. All



participants were informed that their decision to participate—or not—would have no impact on their status or treatment within the facility. Upon receiving verbal consent, the Auditor proceeded with the standardized interview protocol developed for use in PREA audits. The individuals interviewed were asked questions designed to assess their understanding of PREA protections, their knowledge of reporting procedures, and their perceptions of safety and staff responsiveness. Topics explored included awareness of zero-tolerance policies, access to private and anonymous methods of reporting sexual abuse or harassment, the availability of supportive services (both internal and external), and overall confidence in the institution's ability to prevent and respond to sexual misconduct.

All twenty-five randomly selected individuals agreed to be interviewed. Throughout the sessions, no reports or allegations of sexual abuse or harassment were disclosed.

Participants consistently expressed familiarity with the facility's policies on sexual safety, including how and to whom they could report an incident, and the assurance that retaliation for reporting would not be tolerated.

In addition to formal interviews, the Auditor engaged in a number of informal conversations with incarcerated individuals during the facility tour. These spontaneous interactions offered real-time perspectives on daily living conditions, institutional culture, and staff-inmate dynamics. They served to validate and supplement the insights obtained through the structured interview process.

The combined findings from random and targeted interviews, informal discussions, and observational data provided a robust and well-rounded understanding of the facility's efforts to implement and uphold PREA standards. The consistency in responses, coupled with a demonstrated awareness of sexual safety protocols, reinforced the conclusion that the facility has effectively

	communicated its commitment to a zero-tolerance environment and created a culture in which individuals feel informed, supported, and safe.
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

On the first day of the on-site PREA audit, the facility reported a total incarcerated population of 345 individuals. In alignment with the PREA Auditor Handbook, this population size requires a minimum of thirteen random interviews and thirteen targeted interviews with individuals who fall within categories identified by PREA as having elevated vulnerability to sexual abuse or harassment. These targeted categories include individuals who are transgender or intersex, those who identify as gay or bisexual, persons with limited English proficiency, individuals with physical or cognitive disabilities, youthful persons (under age 18 in adult settings), individuals who have previously experienced sexual victimization, and those who have reported sexual abuse or harassment while in custody. At the time of the audit, the facility had only one currently incarcerated person who met the criteria for a targeted interview. This was verified through a review of intake screening documentation and confirmation from classification and mental health staff. Consequently, the Auditor conducted one targeted interview and supplemented this with twenty-five random interviews, exceeding the minimum number of interviews required for the facility's population size. The process for selecting individuals for random interviews was methodical and designed to ensure a representative cross-section of the population. Using housing unit rosters arranged alphabetically, the Auditor selected individuals from multiple living units to capture a wide range of experiences. Care was taken to include individuals of different racial and ethnic backgrounds, varying age groups, and diverse lengths of incarceration. This approach ensured that the perspectives gathered reflected the overall demographic and experiential diversity within the facility. In addition to the scheduled interviews, the Auditor engaged in several informal conversations with individuals while touring the facility. These impromptu interactions,

which occurred in common areas, housing units, and program spaces, offered valuable insight into the day-to-day lived experience of the population. Topics discussed included their understanding of the facility's PREA policies, the accessibility of educational materials, the ease and confidentiality of reporting mechanisms, staff responsiveness, and perceptions of safety and dignity within the institution. These conversations provided real-time context and reinforced the formal findings obtained through structured interviews.

Prior to each formal interview, the Auditor introduced their role as an independent evaluator and explained the purpose of the audit and the voluntary nature of participation. It was clearly communicated that individuals were under no obligation to participate and that declining to do so would not result in any form of retaliation or negative consequence. Those who agreed to participate were assured that their responses would be kept confidential. Once informed consent was obtained, the Auditor conducted interviews using the standardized PREA inmate interview protocols.

All twenty-five randomly selected individuals agreed to participate in the interviews. Each conversation was held in a private and confidential setting to encourage open and honest dialogue. During each session, the Auditor hand-recorded responses to maintain accuracy while preserving the trust and confidentiality of the participants.

Across the interviews, no allegations of sexual abuse or sexual harassment were reported. The individuals interviewed expressed a consistent understanding of the facility's zero-tolerance policy and the procedures in place for reporting incidents. They demonstrated awareness of the multiple methods available for making a report—including anonymously—and expressed confidence that any report would be taken seriously and that protections from retaliation were in place and effective.

	<p>The high rate of participation, coupled with the consistency of responses and overall confidence expressed in the facility's protective measures, offered strong validation of the institution's ongoing efforts to promote a safe, respectful, and PREA-compliant environment. These findings reflect a facility culture grounded in transparency, accountability, and a shared commitment to the dignity and safety of every individual in custody.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p><b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>

**50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):**

As part of the comprehensive PREA audit process, the Auditor formally requested a current roster identifying individuals who met the criteria for targeted interviews, in alignment with the specifications outlined in the PREA Audit Instrument. These targeted populations include individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI); those with a documented history of prior sexual victimization; individuals placed in segregated housing for their own protection; and persons with physical, cognitive, or communication-related disabilities that may affect their ability to access or understand PREA-related information and resources.

In response, facility staff confirmed that, at the time of the on-site audit, one individual currently assigned to the facility met the qualifications for inclusion in any of the targeted interview categories. This inmate was interviewed.

This assertion was thoroughly corroborated through a multi-faceted review process that included examination of intake assessments, classification records, housing unit assignments, and documentation related to protective custody placements. Additionally, the Auditor conducted interviews with facility administrators, intake staff, and classification personnel to further validate the absence of individuals within these identified categories. The lack of targeted individuals in residence at the time of the audit did not impede the Auditor's ability to evaluate the institution's compliance with relevant PREA standards. On the contrary, the facility was able to demonstrate that appropriate policies, procedures, and screening tools are in place to identify, assess, and provide specialized care, housing, and services to individuals in these categories should they be admitted in the future. The systems for ensuring compliance remain operational and effective, regardless of current population demographics.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

**51. Enter the total number of RANDOM STAFF who were interviewed:**

12

**52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)**

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

**53. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- ☒ Yes
- ☐ No



**54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

During the on-site audit, the Auditor conducted a comprehensive evaluation of staff awareness and institutional practices related to the Prison Rape Elimination Act (PREA) through both structured interviews and informal engagement. Throughout the facility tour, the Auditor engaged in numerous spontaneous, conversational interactions with staff stationed across a variety of operational areas, including custody, medical services, administration, and programming. These informal discussions provided valuable real-time insights into how PREA protocols are implemented on a daily basis and allowed the Auditor to observe the professionalism, communication styles, and level of comfort staff demonstrated when discussing PREA-related responsibilities.

Topics discussed during these informal encounters included inmate sexual safety, reporting procedures, mandatory training, staff responsibilities, and the institutional response to sexual abuse or harassment allegations. These conversations supplemented formal data collection by offering an authentic view of staff behavior and institutional culture as it relates to the prevention, detection, and response to sexual misconduct.

In addition to informal interactions, the Auditor conducted 25 formal interviews with randomly selected staff members, ensuring representation across departments, shifts, and job functions. The interview sample included correctional officers, medical and mental health providers, supervisory staff, and administrative personnel—each with varying levels of direct contact with the inmate population. This intentional cross-section enabled the Auditor to gather a balanced and comprehensive understanding of how PREA standards are understood and implemented facility-wide.

Although the required PREA audit notification had been publicly posted in advance of the on-site visit—providing staff and inmates with the opportunity to confidentially contact the

Auditor—no correspondence, inquiries, or concerns were received from staff prior to or during the audit period.

At the beginning of each formal interview, the Auditor introduced herself, explained her role as an independent, Department of Justice-certified PREA Auditor, and clarified the voluntary nature of the interview. Staff were assured that their participation was optional and that declining to participate would result in no adverse consequences. All 15 staff members consented to the interview, and each session followed the standardized PREA staff interview protocol. Responses were hand-recorded by the Auditor to ensure accurate documentation.

All staff interviewed willingly participated and answered all questions. None of the interviews resulted in the need to activate follow-up or supplemental interview protocols, as no concerns or disclosures emerged that required further exploration. Staff consistently demonstrated a solid understanding of the agency's zero-tolerance policy for sexual abuse and sexual harassment. Interviewees were able to clearly articulate the facility's procedures for reporting incidents—whether the victim was a fellow staff member or an inmate—and expressed confidence in their ability to respond appropriately if such a report were made.

Staff also showed a clear understanding of the protections in place to prevent retaliation following a report of sexual misconduct. They described various monitoring mechanisms and supervisory practices designed to detect and respond to potential retaliation. When asked about their own sense of safety, all staff reported feeling safe from sexual abuse and harassment while working within the facility. Their responses reflected a strong sense of trust in the facility's leadership, training practices, and institutional safeguards.

Overall, the interviews confirmed that facility staff are knowledgeable, well-trained, and committed to upholding PREA standards. No

	gaps, inconsistencies, or deficiencies in understanding or implementation were identified during the audit, reinforcing the facility's adherence to best practices in preventing and responding to sexual misconduct.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	21
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☒ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☐ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

**63. Provide any additional comments regarding selecting or interviewing specialized staff.**

There were no difficulties encountered in the selection of specialized staff for interviews. The Auditor used the facility's staff roster to identify appropriate individuals who held specialized PREA-related responsibilities and who were available during the on-site portion of the audit. To ensure a diverse and non-redundant sample, specialized staff selected for interviews were not drawn from the group of staff already interviewed as part of the random staff interview process.

Using the list of specialized staff roles provided by the facility—including investigators, medical and mental health personnel, intake staff, human resources personnel, and others with PREA-specific duties—the Auditor was able to identify and interview a well-rounded sample. In total, eighteen individuals were interviewed using twenty-one distinct interview protocols. Several staff members held multiple roles related to PREA implementation and were, therefore, interviewed using more than one protocol. This approach ensured that all critical functions were covered in alignment with the PREA Audit Instrument requirements. Each specialized staff member responded thoroughly and appropriately to the questions specific to their role. Their responses followed the standardized interview protocols and reflected familiarity with facility procedures, investigative requirements, and reporting obligations under PREA. Interviewees consistently demonstrated a working knowledge of their responsibilities and articulated how PREA compliance was integrated into their day-to-day duties. Overall, interviews with specialized staff confirmed the presence of well-established procedures, broad awareness of reporting mechanisms, and a facility-wide commitment to ensuring that all allegations of sexual abuse or harassment are responded to promptly, professionally, and in compliance with PREA expectations.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**64. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

**69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

Throughout the on-site portion of the PREA audit, the Auditor was granted complete and unobstructed access to every area of the facility. From the outset, staff were consistently cooperative, responsive, and professional, facilitating an efficient and comprehensive walkthrough that allowed for an in-depth evaluation of the facility's physical design, operational practices, and institutional climate.

The facility tour encompassed all housing units—both general population and any specialized housing—as well as intake and classification areas, medical and mental health care units, program and education classrooms, vocational training spaces, the dining hall, kitchen, and food service preparation areas. Additional locations toured included visitation rooms, indoor and outdoor recreation yards, disciplinary and segregation units, control rooms, laundry services, and staff administrative offices. Staff escorts provided detailed explanations of each area's function, staffing patterns, and supervision protocols. No restrictions, delays, or limitations were imposed on movement, and the Auditor was permitted to observe all areas freely and without interference.

In addition to observing facility operations, the Auditor used this opportunity to evaluate PREA-related infrastructure and environmental compliance. Educational materials promoting the facility's zero-tolerance policy toward sexual abuse and sexual harassment were visibly posted throughout common areas and housing units. Signage included information on how to report an incident, access to external support services, and explanations of inmate rights under PREA. Reporting mechanisms were assessed and confirmed to be functional. Phones designated for PREA-related reporting were operational and clearly marked, while third-party and anonymous reporting instructions were easy to locate and understand. Grievance forms were readily available to incarcerated individuals, and



secured drop boxes were stationed in accessible locations.

The Auditor also verified the presence and visibility of sexual abuse hotline information, confirming that contact numbers were posted near phones and in areas regularly accessed by those in custody. These resources were prominently displayed in English and other languages commonly spoken by the facility's population, ensuring equitable access to support services.

Sanitation, lighting, and privacy accommodations were closely inspected. Housing areas were clean and well-lit, and restrooms and shower spaces were equipped with appropriate visual barriers to prevent cross-gender viewing. Supervision practices in these areas aligned with PREA Standard §115.15, which limits cross-gender searches and viewing to protect the dignity and privacy of individuals in custody. Staff maintained clear sightlines without compromising personal privacy, and security mirrors and video monitoring systems were strategically placed to enhance visibility and reduce blind spots.

Throughout the tour, the Auditor initiated a number of informal conversations with staff and incarcerated individuals. These spontaneous interactions offered candid insights into daily life at the facility and further illuminated the institutional culture surrounding sexual safety. Staff demonstrated a strong understanding of their responsibilities under PREA and articulated the proper procedures for responding to allegations of abuse. Individuals in custody were generally aware of the available reporting mechanisms and expressed confidence in their ability to report concerns without fear of retaliation.

The overall physical condition of the facility was orderly and well-maintained, reflecting consistent attention to cleanliness, maintenance, and environmental safety. The site review confirmed that the facility fosters a secure and respectful atmosphere that is

consistent with the goals of the Prison Rape Elimination Act. The Auditor's access to all areas, combined with the transparent cooperation of facility staff and the proactive engagement of those in custody, reinforced the institution's commitment to maintaining a safe, accountable, and PREA-compliant environment.

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

☒ Yes

☐ No

**71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

### **Personnel and Training Records**

The Auditor conducted an in-depth review of thirty-three staff personnel files to verify compliance with PREA hiring and employment standards. Each file contained comprehensive documentation, including initial criminal background checks, verification of employment eligibility, and administrative adjudication forms where applicable. The facility demonstrated adherence to ongoing monitoring protocols by conducting annual background checks, which are routinely completed in tandem with annual firearm range qualifications for applicable staff. Training records for the same thirty-three staff members were also reviewed. Each training file included documentation of completed PREA training, reaffirmed annually. The records contained signed acknowledgments confirming that staff had been trained on the facility's zero-tolerance policy, reporting procedures, professional boundaries, and the specific requirements for conducting cross-gender searches in a manner that maintains individual dignity. These records affirm that staff members have received current and relevant instruction necessary to uphold a safe and respectful environment for individuals in custody.

### **Inmate Records**

A random selection of thirty-six inmate files, representing admissions throughout the past twelve months, was reviewed to assess compliance with initial PREA education requirements. All files included a signed acknowledgment of PREA education, documentation confirming the receipt of the facility orientation handbook and the PREA informational brochure, and confirmation that each individual had viewed the facility's PREA education video. Interviews and documentation confirmed that all thirty-six individuals had received their PREA education during the intake process, consistent with agency policy and standard requirements.

### **Risk Assessments and Reassessments**

To evaluate the facility's adherence to PREA

screening protocols, the Auditor reviewed forty-eight randomly selected inmate records. Each file demonstrated that the individual had received an initial risk assessment within 72 hours of arrival at the facility. Additionally, every record documented a follow-up reassessment conducted within the 30-day window, in alignment with PREA Standard §115.41. The thoroughness and consistency of these records confirmed the facility's commitment to identifying individuals who may be at risk for victimization or who may pose a risk to others, and to ensuring timely reassessment as required.

### **Grievances**

According to information provided in the Pre-Audit Questionnaire (PAQ) and confirmed through interviews with the PREA Compliance Manager (PCM), there were no grievances filed related to allegations of sexual abuse or harassment during the twelve-month review period. The PCM explained that the facility does not currently have a separate administrative grievance pathway specifically for sexual abuse-related complaints. However, individuals in custody retain multiple avenues for reporting, including verbal reports, written communication, and access to the facility's PREA Hotline.

### **Incident Reports**

Documentation and staff interviews indicated that the facility recorded two allegations of sexual abuse or sexual harassment within the past year. Both incidents were documented and reviewed by the Auditor during the on-site assessment. The review focused on the timeliness of reporting, the thoroughness of documentation, and the appropriateness of the facility's response to each allegation.

### **Investigation Records**

The Auditor reviewed both investigative case files related to the two allegations, both of which involved staff-on-inmate sexual harassment. The incidents were investigated through the facility's administrative procedures. In both cases, the allegations were ultimately determined to be unfounded.

Investigation records included incident summaries, witness interviews, investigatory conclusions, and documentation showing that the individuals involved were formally notified in writing of the outcome. These files demonstrated that the facility followed its established protocol for handling allegations and appropriately documented investigative outcomes.

**PREA Hotline Records**

The PCM confirmed that there were no calls made to the facility's PREA Hotline during the review period that pertained to sexual abuse or sexual harassment. As no relevant hotline activity occurred, there were no associated records to review. This finding aligns with other data gathered during the audit and reflects consistency in the facility's incident tracking and response systems.

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	2	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

#### 75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	2	0	0
<b>Total</b>	0	2	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

**78. Explain why you were unable to review any sexual abuse investigation files:**

There were no sexual abuse allegations or reports during the previous 12 months.



<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

2

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

All records of PREA allegations in the past 12 months were reviewed by the Auditor.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## Non-certified Support Staff

**96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☒ Yes

☐ No

**96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

**Identify the name of the third-party auditing entity**

Diversified Correctional Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIALS REVIEWED</u></b></p> <p>To evaluate Sumter County Correctional Institution's compliance with PREA Standard §115.11, the auditor undertook a thorough and comprehensive review of documents provided by both the facility and the Georgia Department of Corrections (GDC). These materials collectively reflect the agency's systemic, zero-tolerance approach to addressing sexual abuse, sexual harassment, and retaliation within confinement settings.</p> <p>Among the documents examined were the completed Pre-Audit Questionnaire (PAQ), GDC's Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, and Attachment 7 of that same SOP. The facility's own PREA Policy 208.06, effective February 19, 2019, was also reviewed, alongside the GDC Inmate Handbook and the agency's official PREA Organizational Chart.</p> <p>These documents work in concert to form a robust and unified policy and operational</p>

structure. Together, they reinforce both the GDC's and Sumter County Correctional Institution's shared commitment to a zero-tolerance stance regarding sexual misconduct in custody. The reviewed materials demonstrate the presence of clearly articulated policies, standardized staff and resident education, a strong oversight framework, and designated lines of authority. Notably, the alignment between facility-level procedures and the broader GDC directives reveals a well-coordinated and strategic implementation of PREA standards across the correctional system.

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## **INTERVIEWS**

### **Agency-Wide PREA Coordinator**

The auditor conducted an in-depth interview with the Georgia Department of Corrections' appointed PREA Coordinator. This individual holds a senior-level position with full system-wide responsibility for managing and overseeing PREA compliance. The Coordinator conveyed that they possess the necessary autonomy, authority, and dedicated time to fulfill their responsibilities, which include policy development, training oversight, compliance evaluation, and direct engagement with facility-level PREA Compliance Managers (PCMs). According to the interview, regular communication with PCMs is a foundational part of the Coordinator's role, and PCMs are intentionally not assigned conflicting duties that would interfere with their focus on PREA-related responsibilities. This approach promotes consistency and prioritizes the integrity of the agency's PREA implementation strategy.

### **Facility PREA Compliance Manager**

At the institutional level, the facility's PREA Compliance Manager provided an equally strong account of their role in upholding PREA standards. The PCM emphasized that their responsibilities are exclusively centered on PREA oversight and implementation. They reported receiving unwavering support from facility leadership, including the Warden, and confirmed having the time, authority, and resources required to fulfill their duties effectively. The PCM demonstrated a comprehensive understanding of PREA policies and procedures and articulated a proactive approach to maintaining compliance. A close, collaborative relationship with the agency-wide Coordinator was highlighted as a key factor in fostering system-wide consistency and accountability.

## **PROVISIONS**

### **Provision (a): Agency Policy Mandating Zero Tolerance**

The Georgia Department of Corrections has implemented a clear and uncompromising zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and retaliation, as articulated in SOP 208.06. This policy applies to all facilities under the GDC's jurisdiction, including both state-operated and contracted sites, and is intended to create and preserve a secure, respectful, and rights-driven environment for all individuals in custody.

Section I of SOP 208.06 sets forth the agency's definitive zero-tolerance policy,

reinforcing its commitment to preventing, detecting, and responding to sexual misconduct in any form.

Section III provides essential definitions, outlines individual and staff responsibilities, and sets procedural expectations for reporting and investigating incidents. The GDC Inmate Handbook echoes these principles by informing incarcerated persons of their rights, including how to confidentially and safely report sexual abuse or harassment. The handbook makes it explicitly clear that any form of coercive or non-consensual sexual behavior constitutes a criminal offense subject to prosecution. Sumter County Correctional Institution’s facility-specific PREA Policy 208.06, dated February 19, 2019, mirrors the GDC’s statewide directives, thereby ensuring policy consistency throughout the institution. Additionally, the agency’s Office of Professional Standards (OPS) plays a critical role in monitoring compliance. The OPS not only oversees PREA implementation but also evaluates alignment with ACA and ADA standards, supported by an internal auditing unit that conducts regular reviews. This multi-tiered structure underscores the GDC’s broader commitment to fostering a culture built on safety, accountability, and human dignity.

**Provision (b): Designation of an Agency-Wide PREA Coordinator**

In compliance with PREA Standard §115.11(b), the Georgia Department of Corrections has designated a qualified, high-ranking staff member to serve as the agency’s PREA Coordinator. Positioned within the Compliance Unit of the Office of Professional Standards, the Coordinator is tasked with leading and supporting the implementation of PREA standards across all correctional settings within the GDC system.

According to Section IV.A.1 of SOP 208.06, the Coordinator’s responsibilities include policy development, training support, technical assistance for PCMs, and routine engagement with institutional leaders.

The GDC PREA Organizational Chart clearly depicts the Coordinator’s reporting line to the Director of Compliance, thereby embedding this role within the agency’s upper leadership and ensuring appropriate oversight and visibility.

Sumter County Correctional Institution’s PREA Policy 208.06 fully incorporates these provisions, reinforcing the facility’s alignment with the agency’s centralized compliance framework. Interview findings confirmed that the Coordinator is provided the authority, resources, and independence necessary to effectively guide PREA efforts at both the state and local levels.

**Provision (c): Designation of Facility-Level PREA Compliance Managers**

As mandated by PREA Standard §115.11(c), Sumter County Correctional Institution—like all other facilities within the Georgia Department of Corrections—has appointed a dedicated PREA Compliance Manager. This individual is responsible for ensuring that the facility remains in full compliance with all PREA standards on a day-

	<p>to-day basis.</p> <p>Per SOP 208.06, Section IV.A.1, the PCM's duties include monitoring compliance activities, coordinating PREA-related training, managing responses to reported incidents, and overseeing adherence to applicable policies and procedures.</p> <p>The facility's PCM reported directly to the Warden and confirmed having no other responsibilities that would detract from their focus on PREA compliance. They also affirmed being granted sufficient authority, time, and institutional support to carry out their work effectively.</p> <p>The facility's internal PREA Policy 208.06 mirrors these expectations, maintaining consistency with the agency's overarching directives. The structure in place ensures clear lines of accountability and communication, reinforcing the integrity of the compliance program and enabling swift, informed responses to PREA-related matters.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an extensive review of policies, documentation, and interviews, the auditor determined that Sumter County Correctional Institution is in full compliance with PREA Standard §115.11. The facility has demonstrated a strong, institution-wide commitment to preventing sexual abuse, sexual harassment, and retaliation within its facilities.</p> <p>A solid compliance infrastructure is evident through the presence of a fully empowered statewide PREA Coordinator and a facility-level PREA Compliance Manager—both of whom are supported by leadership and granted the authority necessary to carry out their responsibilities. Policies are comprehensive, well-articulated, and consistently enforced across all levels of the organization. Together, these components reflect a proactive and sustainable strategy centered on upholding the safety, dignity, and rights of all individuals in custody.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess compliance with PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates, the Auditor conducted a comprehensive and detailed review of relevant documentation provided by the Georgia Department of Corrections (GDC) and Sumter County Correctional Institution. This review was conducted to determine whether the agency incorporates PREA requirements into its contracting practices and maintains appropriate oversight of external confinement partners.</p> <p>The primary documents reviewed included:</p>



- The facility's completed Pre-Audit Questionnaire (PAQ) and associated supporting documentation;
- GDC Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- Sumter County Correctional Institution PREA Policy 208.06, effective February 19, 2019.

Together, these documents outline a structured and policy-driven framework for ensuring that all confinement contracts executed by the agency explicitly require full compliance with the PREA standards and that systems are in place to verify contractor adherence.

## **INTERVIEWS**

### **Agency Contract Administrator**

In an interview conducted with the Agency's designated Contract Administrator, the Auditor was informed that all contractual agreements entered into by the GDC with private or local government facilities for the housing of incarcerated individuals contain mandatory PREA compliance provisions. The Contract Administrator emphasized that each potential contractor must affirmatively demonstrate both the capacity and willingness to meet all applicable PREA requirements before any agreement is finalized.

If a contractor is unable to meet these expectations, the contract is not executed. This precautionary measure underscores the agency's firm stance on ensuring PREA standards are upheld across all confinement settings under its jurisdiction.

## **PROVISIONS**

### **Provision (a): Contractual PREA Requirements**

The Georgia Department of Corrections requires that any outside agency, facility, or organization entering into a contract for the confinement of individuals in custody must formally commit to complying with the federal PREA standards. The Pre-Audit Questionnaire confirms that every applicable contract includes provisions mandating adherence to PREA regulations. These requirements are non-negotiable and are built into the standard language of all new contracts as well as contract renewals.

It is important to note that Sumter County Correctional Institution does not independently initiate or execute such contracts; instead, all agreements related to the confinement of individuals are managed and authorized centrally by the GDC.

The following policy documents establish and reinforce these requirements:

- GDC SOP 208.06, effective June 23, 2022, specifically references PREA Standard §115.12 and mandates that all new and renewed contracts involving the custody of incarcerated individuals must include language requiring full compliance with PREA. These clauses obligate contractors to operate in accordance with all relevant agency policies and procedures, including those that pertain to the detection, prevention, and response to sexual abuse and sexual harassment.

In addition, the Auditor verified that the GDC employs designated contract oversight staff responsible for ensuring that contracted facilities remain in compliance with the terms of their agreements. This includes periodic review, documentation audits, and, where necessary, direct follow-up with contractors on matters related to PREA.

According to data reported in the PAQ:

- The GDC had twenty-five active contracts with outside confinement facilities during the reporting period.
- All twenty-five contracts contained clauses requiring full adoption and implementation of PREA standards.

The Contract Administrator confirmed this during the interview and attested that no contracts are executed without meeting these conditions.

Sumter County Correctional Institution's own PREA Policy 208.06, dated February 19, 2019, aligns with and reinforces the state agency's requirements, further ensuring policy consistency across the system.

#### **Provision (b): Monitoring Contractor PREA Compliance**

The PAQ also affirms that the GDC actively monitors each contractor's compliance with PREA as a condition of their contractual relationship. No exceptions are permitted, and all contracted facilities are subject to the same oversight and reporting requirements as GDC-operated institutions.

As explained by the Contract Administrator, GDC's monitoring process includes:

- Formal review of contractor policies and procedures to verify alignment with federal PREA standards;
- Contractual obligations that require contractors to immediately report all allegations of sexual abuse or sexual harassment involving individuals in their custody;
- Submission of complete investigative documentation related to any such incidents to the GDC's statewide PREA Coordinator for evaluation and potential action.

This system of structured oversight ensures that contractors not only commit to PREA

	<p>compliance in writing but also maintain that compliance in practice. The agency’s proactive monitoring efforts help uphold a consistent culture of safety, transparency, and accountability, regardless of whether individuals are housed in a state-run or contracted facility.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive review of agency and facility policies, contractual agreements, supporting documentation, and interviews with responsible staff, the Auditor concludes that the Georgia Department of Corrections—through Sumter County Correctional Institution—meets all requirements of PREA Standard §115.12.</p> <p>The agency has demonstrated a robust and non-negotiable approach to incorporating PREA compliance language into all contracts involving the confinement of incarcerated individuals. Moreover, GDC’s ongoing monitoring of contractor performance ensures that these entities uphold PREA standards throughout the duration of their agreements.</p> <p>This combination of firm contractual requirements and diligent oversight reflects a well-developed and agency-wide commitment to ensuring that every individual in custody, regardless of placement, is protected from sexual abuse, sexual harassment, and retaliation in accordance with the Prison Rape Elimination Act.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEWED</u></b></p> <p>To evaluate Sumter County Correctional Institution’s adherence to PREA Standard §115.13, the Auditor conducted a thorough and multifaceted review of key documents and institutional policies. This documentation reflects the facility’s ongoing commitment to maintaining appropriate staffing levels, utilizing video monitoring systems effectively, and establishing a strong supervisory presence aimed at preventing and detecting incidents of sexual abuse and sexual harassment.</p> <p>Among the primary documents examined were the facility’s completed Pre-Audit Questionnaire (PAQ) and all corresponding attachments, including operational schedules and staffing details. In addition, the Auditor reviewed the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. Sumter County</p>

Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, was also analyzed alongside the facility's current PREA Staffing Plan, most recently updated on July 1, 2024.

Collectively, these materials provide a clear representation of how the facility embeds supervision, staff accountability, and technological enhancements into its daily operations. The reviewed policies demonstrate that safety protocols and staffing strategies are not only documented but also actively implemented and updated in accordance with PREA standards.

### **OBSERVATIONS**

During the on-site portion of the audit, the Auditor conducted physical inspections across various housing units, paying special attention to supervisory documentation. Logbooks located within these areas offered detailed accounts of unannounced rounds conducted by supervisors at the intermediate and higher levels. Each log entry was time-stamped and contained narrative descriptions of activities and observations made during the round, confirming both the regularity and authenticity of these supervisory checks.

These written records aligned precisely with facility policy and staff interviews, substantiating the institution's consistent execution of its obligations under PREA to conduct unannounced rounds across all shifts. These rounds contribute to deterrence, promote transparency, and serve as an integral component of the facility's monitoring framework.

### **INTERVIEWS**

#### **Facility Head or Designee**

The Warden provided an in-depth overview of how the facility designs and implements its staffing and supervision strategies. The staffing plan, the Warden explained, is informed by multiple factors including facility design, inmate classification levels, average daily population, and the availability of human and technological resources. At the time of the audit, the facility maintained a population of approximately 346 individuals and employed 33 staff members, 14 of whom were new hires within the last 12 months. In addition to core staff, three contractors and two volunteers were approved to work within the institution, though not all were actively engaged during the audit period.

The Warden also noted recent upgrades to the surveillance system, including expanded coverage zones and improved recording features. Staffing decisions, the Warden emphasized, are driven not only by institutional security needs but also by the requirements of rehabilitative programming, illustrating a balanced and strategic approach.

#### **PREA Compliance Manager (PCM)**

The PCM discussed their integral role in reviewing and updating the staffing plan and

ensuring consistent adherence to supervisory protocols. They described an ongoing process that includes frequent assessments of staffing patterns, camera coverage, and facility movement schedules. The PCM indicated that staffing plans are revised as necessary to reflect changes in programming, observed vulnerabilities, or institutional demands. Additionally, the PCM coordinates regularly with GDC's statewide PREA Coordinator and is responsible for managing all documentation related to supervision and monitoring. Their oversight ensures that PREA-related expectations are implemented faithfully and documented accurately.

#### **Intermediate- or Higher-Level Supervisors**

Supervisors reported that they are responsible for conducting unannounced rounds on all shifts, including weekends and holidays. These rounds are a central part of the institution's safety strategy and are used to promote order, deter inappropriate behavior, and ensure policy compliance. Supervisors indicated that their presence in housing areas allows for regular communication with both staff and incarcerated individuals. They also emphasized that these rounds are fully documented in the housing unit logbooks, in accordance with policy. This practice fosters a climate of accountability and reinforces leadership visibility.

#### **Random Line Staff**

Interviews with line staff confirmed the consistent presence of supervisors conducting unannounced rounds. Staff described these rounds as occurring without any prior notification and indicated that they take place during all operational periods, including evenings and weekends. Officers stated that supervisors not only perform walk-throughs but also check camera monitors and housing logs during their visits. Staff were well aware that providing advance notice of supervisory rounds is a policy violation and viewed the rounds as an essential element of the facility's overall monitoring and safety framework.

#### **Random Incarcerated Individuals**

Individuals housed at the facility consistently reported that supervisory staff frequently entered their housing units and made themselves visible and accessible. Many residents shared that they felt comfortable approaching supervisors and appreciated their presence during rounds. Several also mentioned the approachability of the PREA Compliance Manager, describing them as someone who engaged respectfully and regularly with residents. This visible leadership presence contributed positively to residents' perceptions of safety and the seriousness with which the facility treats issues related to sexual safety and staff conduct.

### **PROVISIONS**

#### **Provision (a): Staffing Plan Development**

Sumter County Correctional Institution has established a comprehensive staffing plan that incorporates all thirteen elements outlined in PREA Standard §115.13(a). The plan details staff post assignments, coverage responsibilities, operating hours, and the integration of technological tools such as video surveillance systems. The plan also prioritizes supervision in areas deemed high-risk due to increased resident traffic

or vulnerability, such as housing units, programming spaces, and recreational areas.

Contingency plans are also outlined to address coverage during unexpected staff absences. The plan demonstrates a thorough and strategic deployment of personnel resources to meet both security and rehabilitative needs.

**Relevant Policies**

GDC SOP 208.06 requires that each facility develop a PREA Staffing Plan using a standardized format (Attachment 11) and review it annually. Wardens are responsible for implementation and must document any deviations from the plan. Sumter County’s local PREA Policy 208.06 mirrors this guidance, ensuring consistency across facilities.

**Provision (b): Documenting Deviations from the Staffing Plan**

Documentation provided in the PAQ, as well as staff interviews, confirmed that deviations from the approved staffing plan are documented. The most common reason for staffing plan deviations in the past 12 months are call-ins, hospital duty, inmate transfers, and emergencies.

When unforeseen absences arise, facility leadership either reassigns staff internally or authorizes overtime to preserve coverage. Because no deviations occurred, there was no requirement to notify the PREA Coordinator during the review period.

**Relevant Policies**

SOP 208.06 mandates that deviations from staffing plans be recorded in the daily Post Roster and reviewed by supervisory staff. Patterns of concern must be analyzed, and any proposed corrective actions submitted to the GDC PREA Coordinator. Sumter County’s PREA Policy 208.06 reflects the same procedures and ensures comprehensive oversight.

**Provision (c): Annual Staffing Plan Review**

The most recent annual review of the facility’s staffing plan was conducted on March 17, 2025, in collaboration with the GDC PREA Coordinator. This review included an assessment of staffing sufficiency, video monitoring effectiveness, and any modifications to the facility’s layout. Supporting documents reviewed by the Auditor included coverage maps and staffing audit reports, all of which demonstrated that supervision of resident-accessible areas was thorough and adequate.

**Relevant Policies**

Under SOP 208.06, staffing plans must be reviewed annually to assess changes in population, physical layout, or technology use. Sumter County’s PREA Policy 208.06 complies with this requirement and includes clear procedures for submitting updates to the PREA Coordinator for approval.

**Provision (d): Unannounced Supervisory Rounds**

Unannounced rounds by intermediate- and higher-level supervisors are performed

	<p>regularly across all shifts at Sumter County Correctional Institution. These rounds are recorded in the housing unit logbooks and are clearly marked with the time and purpose of each visit. The Auditor validated the consistency and authenticity of these entries through both direct observation and record review.</p> <p>Supervisory staff adhere strictly to the policy prohibiting advance notice of these rounds unless required in an emergency. These visits play a vital role in facility oversight, helping to deter misconduct and reinforce a culture of proactive leadership and accountability.</p> <p><b>Relevant Policies</b></p> <p>According to SOP 208.06, unannounced rounds must be conducted and documented at least weekly on each shift. Records must reflect relevant observations and compliance concerns. Sumter County’s PREA Policy 208.06 includes the same directive and ensures consistent implementation throughout the institution.</p> <p><b><u>CONCLUSION</u></b></p> <p>After a comprehensive review of documentation, physical observations, and interviews with staff and incarcerated individuals, the Auditor finds that Sumter County Correctional Institution is in full compliance with PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The facility has implemented a well-structured and actively maintained staffing plan, reinforced by a responsive monitoring strategy and supported through the regular use of unannounced supervisory rounds. These practices collectively affirm the institution’s strong commitment to fostering a safe, transparent, and accountable environment that aligns with the goals of the Prison Rape Elimination Act and protects the dignity, safety, and well-being of every individual within its care.</p>
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115.14	Youthful inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate Sumter County Correctional Institution’s compliance with the provisions of PREA Standard §115.14, which governs the housing and supervision of youthful inmates in adult correctional settings, the Auditor undertook a comprehensive review of all relevant documentation provided in advance of the on-site assessment. This review was designed to determine whether policies and practices align with federal PREA mandates designed to protect individuals under the age of 18 in custody.</p> <p>Key documents analyzed included the completed Pre-Audit Questionnaire (PAQ) and</p>

all associated attachments, which provided foundational insights into the facility's operations. Additionally, the Auditor reviewed the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. The facility's local PREA Policy 208.06, dated February 19, 2019, was also closely examined.

These documents collectively outline the procedures, safeguards, and expectations across GDC facilities for the identification, classification, housing, and supervision of youthful inmates—defined under PREA as individuals younger than 18 years of age who are incarcerated in adult facilities. Although Sumter County Correctional Institution does not currently house or receive youthful inmates, the documentation confirmed that both the facility and the broader GDC system have clear, structured policies in place to guide the safe and appropriate management of youthful individuals should such a circumstance arise.

### **OBSERVATIONS**

During the on-site audit, the Auditor conducted a full walkthrough of all facility housing units, program areas, and communal spaces to determine whether any indicators of youthful inmate placement were present. The inspection included a detailed review of housing rosters, dormitory configurations, program sign-in sheets, and posted materials within living areas.

There was no evidence—either visual or documented—of youthful individuals being housed at the facility. Housing unit rosters were free of any listings with birthdates that would indicate a resident under the age of 18. Specifically, no individuals with birth years of 2007 or later were present on the current roster. These observations were fully consistent with the information reported in the PAQ and supported by staff accounts during the audit. Collectively, these findings affirm that Sumter County Correctional Institution does not house, nor has it housed, any youthful inmates during the current audit cycle.

### **INTERVIEWS**

#### **Facility Head**

In both structured interviews and informal discussions, the Warden affirmed that the institution exclusively houses adult individuals and is not classified or equipped to receive youthful inmates. The Warden clarified that Sumter County Correctional Institution operates strictly as an adult male facility and is not authorized to detain persons under the age of 18. Should an individual under 18 mistakenly be assigned to the facility, the Warden explained that immediate corrective action would be taken to reroute the person to an appropriate GDC-designated youthful offender facility, as dictated by departmental protocol.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager reinforced the Warden's statements, confirming that the facility's population consists entirely of adult residents. The PCM demonstrated



familiarity with GDC policies concerning the housing of youthful individuals and explained that, in the rare event a youthful inmate were misclassified and transferred to the facility in error, the response would be swift. Actions would include notifying appropriate authorities, initiating a transfer to a compliant facility, and ensuring interim supervision that meets PREA standards until the transfer is completed.

### **Youthful Inmates**

As no youthful individuals were housed at the facility during the review period, interviews with youthful inmates were not applicable. This component of the assessment was therefore omitted from the on-site audit.

## **PROVISIONS**

### **Provision (a): Housing Restrictions for Youthful Inmates**

Sumter County Correctional Institution confirmed through its PAQ and inmate roster review that it does not house any youthful inmates. The facility's operational classification excludes individuals under the age of 18, and no instances of youthful offender placements were reported or observed. As such, the specific housing safeguards outlined in Provision (a)—which include limitations on contact between youthful and adult residents, sight and sound separation, and heightened supervision requirements—are not applicable at this facility. However, the GDC's established policies ensure that these safeguards are in place at facilities where youthful inmates may be housed.

### **Relevant Policy**

GDC SOP 208.06, Section 7(a-c), clearly articulates the protective measures required when youthful inmates are housed in adult facilities. These include the requirement to maintain sight and sound separation between youthful and adult individuals, provide direct staff supervision, and prevent youthful inmates from being exposed to adult institutional settings or behavior. Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, mirrors these provisions and reflects institutional readiness to adhere to PREA requirements, despite not receiving youthful inmates.

### **Provisions (b) and (c)**

Because Sumter County Correctional Institution does not house youthful inmates and is not authorized to do so, Provisions (b) and (c) of PREA Standard §115.14 are not applicable. There are no established procedures in place for managing youthful inmate placements at this facility, as these responsibilities are exclusively assigned to designated facilities within the Georgia Department of Corrections system that are equipped and approved to meet federal requirements for youthful offender care.

## **CONCLUSION**

After completing a comprehensive review of institutional policies, operational records, facility observations, and staff interviews, the Auditor determined that Sumter County Correctional Institution is fully compliant with PREA Standard §115.14 - Youthful

	<p>Inmates.</p> <p>The facility does not house individuals under the age of 18, and there is clear institutional understanding and documentation affirming that it is not authorized to do so. In addition, the Georgia Department of Corrections has system-wide protocols in place to ensure that any youthful inmate under its jurisdiction is appropriately classified, supervised, and housed in accordance with federal mandates. This reflects not only a facility-level awareness but also an agency-wide commitment to safeguarding youthful individuals, preserving their dignity, and ensuring their legal and physical protection within the correctional system.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEWED</u></b></p> <p>To evaluate Sumter County Correctional Institution’s compliance with PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches—the Auditor conducted a comprehensive and detailed examination of the facility’s Pre-Audit Questionnaire (PAQ) and an extensive array of supporting documentation. This analysis focused on assessing whether institutional policies and daily practices sufficiently protect the privacy, dignity, and bodily autonomy of individuals in custody, particularly during searches and situations where individuals may be undressed.</p> <p>The following documents were thoroughly reviewed:</p> <ul style="list-style-type: none"> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022.</li> <li>• GDC SOP 226.01, Searches, Security, Inspections, and Use of Permanent Logs, effective May 27, 2020.</li> <li>• The GDC Contraband Interdiction and Searches Curriculum, which integrates procedural guidance from SOPs 226.01 and 206.02.</li> <li>• Annual training materials and facilitator notes focused specifically on cross-gender and transgender/intersex search procedures.</li> <li>• A memorandum dated September 12, 2024, issued by the Director of Facilities Administration Support, outlining updates to SOPs 226.01 and 220.09.</li> <li>• Staff training records demonstrating annual participation in PREA-specific training on appropriate search protocols, with emphasis on working with transgender and intersex individuals.</li> <li>• Summaries of staff and incarcerated individual interviews used to verify the consistency between policy and practice.</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated</li> </ul>

February 19, 2019, which mirrors GDC guidance and affirms key expectations surrounding searches and privacy.

Together, these materials revealed a well-structured and effectively implemented policy framework. They reflect a strong institutional commitment to respecting privacy, preventing inappropriate viewing and searching practices, and ensuring that staff are well-trained to interact with all individuals—regardless of gender identity—in a manner that is professional, ethical, and consistent with PREA mandates.

### **OBSERVATIONS**

During the on-site visit, the Auditor conducted housing unit walk-throughs and observed staff conduct in real time. It was evident that staff consistently adhered to established privacy protocols, especially when entering housing units occupied by individuals of a different gender.

Announcements made by staff of a different gender—such as female staff entering male housing units—were both audible and timely, providing ample opportunity for individuals to cover themselves or otherwise prepare. This practice was also observed during the Auditor’s own movements through living areas. These observations confirmed that the facility enforces a culture of respect for privacy and upholds PREA standards related to cross-gender supervision.

A review of the current population roster indicated that no individuals housed at the facility identified as transgender or intersex. No birth sex or gender identity classifications were recorded that would suggest the presence of such individuals during the audit period.

### **INTERVIEWS**

#### **Non-Medical Staff Involved in Searches**

Staff members with responsibilities that may include searches clearly understood that cross-gender strip and visual body cavity searches are not permitted under any circumstance except in cases of documented exigency. Staff articulated the correct procedures for obtaining authorization, including seeking approval from the Facility Head and involving qualified medical professionals to carry out any such search if necessary. They also described in detail the documentation required in those rare situations, indicating strong familiarity with policy and procedure.

#### **Random Staff Interviews**

The Auditor conducted formal interviews with 19 randomly selected staff and engaged in informal discussions throughout the audit. These conversations consistently demonstrated a comprehensive awareness of the facility’s search policies and privacy protocols. Key takeaways included:

- Every staff member reported completing PREA training within the past 12 months.
- No staff members had conducted or witnessed a cross-gender strip or visual body cavity search.
- Searches of male individuals were reported to be conducted exclusively by male staff.
- Female staff members confirmed that they do not perform strip or body cavity searches on male residents.
- All staff recognized that it is prohibited to search any individual solely for the purpose of determining genital status.
- Many staff expressed sensitivity to the privacy needs of transgender and intersex individuals and discussed proactive measures—such as private shower accommodations or schedule modifications—that would be implemented if such individuals were housed at the facility.

### **Random Incarcerated Individuals**

Interviews with incarcerated individuals confirmed that privacy expectations are clearly communicated and respected by staff. Residents reported that staff routinely announce their presence before entering areas where individuals may be in a state of undress, such as shower rooms or restrooms. Other consistent feedback included:

- No one reported being subjected to a cross-gender strip or visual body cavity search.
- Individuals were confident in their ability to shower, change clothes, and use the restroom without observation from staff of a different gender.
- They described staff conduct as respectful and said that procedures around privacy are taken seriously and followed without exception.

### **Transgender and Intersex Individuals**

No known transgender or intersex individuals were in custody at the time of the audit. However, staff were able to clearly explain the policies in place to ensure appropriate, respectful treatment should such individuals be housed at the facility. Staff described how search preferences would be honored, how searches would be conducted privately, and how trained medical professionals would be utilized when appropriate.

### **PROVISIONS**

#### **Provision (a): Cross-Gender Strip and Visual Body Cavity Searches**

The facility prohibits cross-gender strip and visual body cavity searches unless there are exigent circumstances or the search is conducted by a licensed medical professional. The PAQ, staff interviews, and training documentation confirmed that no such searches occurred during the previous 12 months.

#### **Relevant Policies:**

- GDC SOP 208.06, Section 8.a
- GDC SOP 226.01, Section IV.C.1.d
- September 12, 2024 PIB detailing revisions to SOPs 226.01 and 220.09
- Sumter County Correctional PREA Policy 208.06 (2/19/2019)

**Provision (b): Searches of Female Inmates**

This provision is not applicable, as the facility exclusively houses adult males. No female residents or male-to-female transgender individuals were housed at the time of the audit.

**Provision (c): Exigent Circumstances and Documentation**

There were no exigent circumstances requiring cross-gender strip or body cavity searches during the audit period. However, should such an event occur, the facility is prepared to follow a robust documentation process detailing the justification and all individuals involved.

**Relevant Policies:**

- GDC SOP 208.06, Section 8.c
- Sumter County Correctional PREA Policy 208.06

**Provision (d): Viewing of Inmates During Personal Activities**

Staff do not view individuals during private activities such as showering, changing, or toileting, except when necessary for safety or during routine duties where incidental viewing may occur. Announcements by opposite-gender staff before entering living areas were consistently observed and reported.

**Relevant Policies:**

- GDC SOP 208.06, Sections 8.d, 8.e, and 8.f
- Sumter County Correctional PREA Policy 208.06

**Provision (e): Searches of Transgender or Intersex Individuals**

Searches conducted solely to determine genital status are strictly prohibited. Training materials and staff interviews confirmed that respectful search procedures are emphasized and, when possible, conducted by medical professionals in private settings.

**Relevant Policies:**

- GDC SOP 208.06, Sections 8.g and 8.h
- GDC Search Curriculum
- Sumter County Correctional PREA Policy 208.06

**Provision (f): Staff Training**

Training records confirm that all facility staff receive annual instruction on cross-gender search limitations, appropriate procedures for searching transgender and

	<p>intersex individuals, and strategies for preserving privacy and dignity. The training is reinforced through practical instruction and ongoing supervision.</p> <p><b><u>CONCLUSIONS</u></b></p> <p>Based on the review of documentation, staff interviews, training records, and on-site observations, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.15—Limits to Cross-Gender Viewing and Searches.</p> <p>The facility has adopted clear, enforceable policies that prioritize the rights and dignity of every person in custody. Staff are well-trained, understand the limits of their authority during searches, and consistently apply procedures that demonstrate respect for privacy and gender identity. No evidence of non-compliance was identified during the audit period, and the institution’s consistent application of PREA standards reflects a culture of professionalism, accountability, and humane care.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>In preparation for the onsite PREA audit at Sumter County Correctional Institution, the Auditor conducted an extensive review of documentation related to the facility’s compliance with Standard §115.16, which ensures that individuals with disabilities and those with limited English proficiency (LEP) are provided meaningful access to information and services regarding the prevention, detection, and response to sexual abuse and sexual harassment.</p> <p>The following materials were carefully reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019</li> <li>• PREA Informational Brochure, provided to individuals in both English and Spanish</li> <li>• LanguageLine Insight Video Interpreting User Guide</li> <li>• Lionbridge Telephonic Interpreter User Guide</li> </ul>

- Video Remote Interpreting (VRI) Usage Log, demonstrating system access and availability
- Dialing Instructions for the GDC PREA Hotline, available in English and Spanish
- PREA Posters placed in housing units and common areas in English and Spanish

These documents collectively demonstrate a comprehensive, multi-modal approach to ensuring equal access for all individuals in custody, regardless of language or ability. The facility's strategies for communication—spanning written materials, auditory formats, and real-time interpretation services—reflect a clear and effective effort to uphold the PREA standards.

### **OBSERVATIONS**

During the onsite tour of the facility, the Auditor observed PREA-related postings displayed prominently in a wide range of areas, including housing units, hallways, workspaces, the visitation area, and program rooms. These postings, available in both English and Spanish, were clearly visible and contained contact information for reporting sexual abuse or harassment. Additionally, brochures were readily accessible to individuals in custody, also printed in both English and Spanish, reinforcing a commitment to accessible communication.

The facility also maintains readily available instructions for accessing interpreter services. These include printed user guides and step-by-step instructions for telephonic and video-based interpretation platforms such as LanguageLine and Lionbridge. These systems provide interpretation for numerous foreign languages as well as American Sign Language (ASL).

### **INTERVIEWS**

#### **Facility Head**

During the interview, the Facility Head affirmed that the institution has established comprehensive procedures to ensure individuals with disabilities or limited English proficiency have full access to the facility's PREA-related services. These procedures include the availability of professional interpreters, translated materials, and the prohibition against using other incarcerated individuals to interpret or assist in matters related to sexual abuse or harassment. The Facility Head confirmed that all staff receive annual training on these protocols.

#### **Random Staff**

In interviews with randomly selected staff, 100% consistently reported that incarcerated individuals are never used as interpreters, readers, or assistants when another person in custody needs help reporting sexual abuse or harassment. They clearly understood that only qualified staff or contracted professionals are permitted to provide such services. Furthermore, all interviewed staff reported being unaware of any instance in which another incarcerated individual was used to interpret or assist

in connection with a PREA allegation.

### **Incarcerated Individuals with Disabilities**

Incarcerated individuals who self-identified as having disabilities reported no concerns about vulnerability related to their condition. Each affirmed they had received PREA-related information in a format they could understand. When asked directly whether they understood their rights under PREA and how to report incidents of sexual abuse or harassment, all individuals responded affirmatively and were able to describe the reporting process accurately and confidently.

### **PROVISIONS**

#### **Provision (a): Equal Access for Individuals with Disabilities and LEP Individuals**

The PAQ and Facility Head interview confirmed that the facility has implemented a range of measures to ensure that individuals with disabilities or limited English proficiency have equal opportunity to participate in and benefit from the facility's sexual safety efforts. These include access to PREA education, reporting mechanisms, and responsive services.

The Auditor reviewed the LanguageLine user manual, which outlines a straightforward, multi-step process for accessing interpreter services:

- Dial a toll-free access number
- Enter the facility-specific PIN
- Select the desired language by choosing the corresponding number
- The system connects directly to a live interpreter

This system is supplemented by other interpretation services, including Lionbridge for telephonic interpretation and Video Remote Interpreting (VRI) for ASL and other visual languages. These services ensure real-time language access for non-English speakers and individuals with hearing impairments.

#### **Relevant Policy References:**

GDC SOP 208.06, Section 9.a, directs facilities to use SOP 103.63 (ADA Title II Provisions) to provide accommodations to individuals with disabilities or limited English proficiency.

Sumter County Correctional Institution's PREA Policy 208.06 mirrors this directive, ensuring consistency with agency-wide practices.

#### **Provision (b): Specific Accommodations for LEP and Disabled Individuals**

The PAQ confirms—and the Auditor's document review validated—that Sumter County Correctional Institution provides PREA-related materials in multiple formats and languages to meet diverse needs:



- LEP individuals receive written materials, such as brochures and posters, in both English and Spanish. Interpretation is also available via LanguageLine, Lionbridge, and ASL-compatible VRI platforms.
- Hearing-impaired individuals access information through captioned videos, written materials, and sign language interpretation. Visually impaired individuals receive information through recorded audio formats or by having staff read materials aloud. Braille materials are also available.
- Individuals with limited literacy or cognitive disabilities receive verbal instruction and have access to staff who are trained to explain PREA content in a simplified, accessible manner.

These methods ensure that PREA education, reporting options, and responsive services are equally available to all individuals in custody, regardless of language proficiency, disability status, or literacy level.

**Relevant Policy Reference:**

GDC SOP 208.06 requires that PREA information be provided in accessible formats and includes content on prevention, self-protection, reporting options, and access to counseling and treatment.

Sumter County Correctional Institution's local PREA Policy 208.06 fully aligns with and enforces these standards.

**Provision (c): Prohibition on Use of Inmate Interpreters**

The facility confirmed, both in the PAQ and during interviews, that inmate interpreters, readers, or assistants are not used in situations involving allegations of sexual abuse or harassment. There were no recorded instances of such use in the 12 months preceding the audit.

Staff and leadership consistently articulated the importance of relying on professional interpreter services and reaffirmed the policy requirement to avoid any reliance on other incarcerated individuals except under clearly defined exigent circumstances, which had not occurred.

**Relevant Policy Reference:**

GDC SOP 208.06, Sections 9.b (pp. 12-13), explicitly prohibits the use of inmate interpreters, readers, or assistants unless an exigent situation exists in which delays would jeopardize an individual's safety or compromise the response or investigation.

Sumter County Correctional Institution's PREA Policy 208.06 mirrors this provision in full.

The institution's robust access to interpretation services eliminates the need to rely on peer interpreters, supporting compliance and the dignity of all individuals in custody.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on the comprehensive review of documentation, visual confirmation during the onsite audit, and consistent findings from staff and incarcerated individual interviews, the Auditor concludes that Sumter County Correctional Institution fully complies with PREA Standard §115.16—Inmates with Disabilities and Limited English Proficient Inmates.</p> <p>The facility has demonstrated a thoughtful, systemized approach to ensuring that all individuals—regardless of language ability, cognitive capacity, or physical ability—can understand their rights, access support services, and report incidents of sexual abuse or harassment without unnecessary barriers. The use of professional interpreter services, availability of accessible educational formats, and clear policy prohibitions against the use of inmate interpreters collectively affirm the facility’s commitment to inclusivity, safety, and PREA compliance.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess Sumter County Correctional Institution’s compliance with PREA Standard §115.17 – Hiring and Promotion Decisions, the Auditor conducted a comprehensive review of agency policy, facility-level documentation, and personnel records. The Pre-Audit Questionnaire (PAQ) and supporting materials served as a foundation for the review, supplemented by official Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs), locally adopted PREA policies, and verification through interviews with Human Resources (HR) staff.</p> <p>The key documents reviewed included:</p> <ul style="list-style-type: none"> <li>• GDC SOP 208.06, Prison Rape Elimination Act (PREA): Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022</li> <li>• GDC SOP 104.09, Filling a Vacancy, effective May 27, 2022, and Attachment 4, Applicant Verification</li> <li>• GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, effective October 13, 2020</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019</li> <li>• A representative sample of 33 employee personnel files</li> </ul>

These materials were evaluated to determine whether the facility's hiring and promotion practices are aligned with the standards intended to prevent individuals with a history of sexual misconduct from working in positions where they may have contact with incarcerated persons.

## **INTERVIEWS**

### **Administrative (HR) Staff**

During the interview process, administrative staff responsible for human resources confirmed that all potential employees must complete documentation disclosing prior misconduct, including any incidents of sexual abuse or harassment. They explained that background checks are conducted on all new hires, again at the time of promotion, and at least once every five years for current employees. This also applies to contractors and volunteers.

The HR staff emphasized that the GDC maintains a centralized database that tracks the completion of all background checks and flags upcoming five-year review deadlines. Staff are made aware of their duty to report any arrest or misconduct during the course of employment, and the agency is committed to disclosing substantiated allegations of sexual abuse or harassment upon request by other institutional employers, unless legally prohibited.

The Auditor reviewed 33 randomly selected personnel files and confirmed that all included appropriate PREA documentation, verification of criminal history background checks, and affirmative responses to the three PREA-related questions required by the standard. These practices applied to 14 new hires within the previous 12 months, as well as 3 contractors and 12 volunteers.

## **PROVISIONS**

### **Provision (a): Prohibition on Hiring or Promoting Individuals with a History of Sexual Misconduct**

The facility prohibits the hiring or promotion of any individual who may have contact with incarcerated persons if that individual has:

- Engaged in sexual abuse in any correctional or custodial setting;
- Been convicted of sexual misconduct involving force, coercion, or non-consensual acts;
- Been civilly or administratively adjudicated to have committed such acts.

This was verified through both documentation and interviews with HR personnel.

### **Relevant Policy References:**

- GDC SOP 208.06, Sections 10.a.i-v

- Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019

These policies explicitly prohibit hiring or promoting individuals with a qualifying history of sexual misconduct and require documentation verifying this prohibition has been followed.

**Provision (b): Consideration of Sexual Harassment Incidents in Hiring or Promotion**

The PAQ and HR interview confirmed that the agency takes into account any prior incidents of sexual harassment when making hiring or promotion decisions. This consideration applies equally to staff and contractors who may have contact with individuals in custody.

**Relevant Policy:**

- GDC SOP 208.06, Section 10.a.ii
- Sumter County Correctional Institution PREA Policy 208.06 (2019), which aligns with GDC guidance

**Provision (c): Pre-Employment Background Checks and Prior Institutional Employer Contact**

Before hiring any new staff who may have contact with incarcerated individuals, the facility performs criminal background checks and, to the best of its ability under applicable laws, attempts to contact prior institutional employers to obtain information regarding any substantiated allegations of sexual abuse or employment resignation during an open investigation.

HR staff verified these efforts during interviews, and records for all 14 new hires in the previous year confirmed that background checks were completed, PREA-related questions were answered, and PREA training had been provided.

**Relevant Policies:**

- GDC SOP 208.06, Section 10.a.iii
- GDC SOP 104.09, Filling a Vacancy, including Attachment 4
- Sumter County Correctional Institution's local PREA Policy 208.06 (2019)

**Provision (d): Contractor Background Checks**

The facility affirmed that criminal background checks are completed prior to engaging any contractor who may have contact with incarcerated individuals and are repeated every five years. The PAQ reported three contractors, all of whom had completed the necessary background checks, which was confirmed through documentation and interviews.

**Relevant Policies:**

- GDC SOP 208.06, Section 10.b.ii
- SOP 208.06, Attachment 13 (Contractor/Volunteer Verification Form)
- SOP 104.09, Attachment 4 (Applicant Verification)
- Sumter County Correctional Institution PREA Policy 208.06 (2019)

**Provision (e): Ongoing Background Checks**

HR staff confirmed that background checks are not only completed at the time of hire or contract initiation but are also re-conducted at least every five years thereafter, as required by policy. This applies to all employees, volunteers, and contractors with potential contact with incarcerated persons.

**Relevant Policy:**

- GDC SOP 104.18, Obtaining and Using Records for Criminal Justice Employment
- Sumter County Correctional Institution's local PREA Policy 208.06 (2019)

This SOP outlines the procedures for obtaining criminal history records, the requirements for consent forms, and guidance for responding to adverse findings during the background check process.

**Provision (f): Mandatory Disclosure of Sexual Misconduct**

All applicants and employees who may have contact with individuals in custody are required to answer written and verbal questions regarding previous sexual misconduct. Additionally, staff are subject to an ongoing affirmative duty to report any future incidents or allegations.

HR confirmed that these questions are asked during the initial application process, promotion interviews, and through annual evaluations, and that all responses are retained with staff signatures.

**Relevant Policy:**

- GDC SOP 208.06, Sections 10.a.iii.1 and iii.2
- SOP 104.09, Filling a Vacancy
- Sumter County Correctional Institution PREA Policy 208.06 (2019)

**Provision (g): Grounds for Termination**

Material omissions or the provision of false information during the hiring process, especially related to sexual misconduct, constitute grounds for termination. HR staff reaffirmed this policy during interviews.

**Relevant Policy:**

	<ul style="list-style-type: none"> <li>• GDC SOP 208.06, Section 10.a.v</li> <li>• Sumter County Correctional Institution PREA Policy 208.06 (2019)</li> </ul> <p><b>Provision (h): Disclosure of Misconduct to Future Employers</b></p> <p>Unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse or harassment involving former employees to institutional employers upon request. HR staff acknowledged this requirement and stated that they comply fully with such requests while adhering to applicable privacy laws.</p> <p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06, Section 10.a.iv Sumter County Correctional Institution PREA Policy 208.06 (2019)</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a detailed review of documentation, personnel records, and interviews with administrative staff, the Auditor concludes that Sumter County Correctional Institution is fully compliant with PREA Standard §115.17 – Hiring and Promotion Decisions. The facility employs a robust and proactive system to ensure that individuals with a known history of sexual misconduct are excluded from positions with contact potential, and that background checks, disclosures, and tracking mechanisms are rigorously enforced. The institution’s practices reflect a strong culture of accountability, transparency, and commitment to sexual safety.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the PREA compliance assessment for Standard §115.18 – Upgrades to Facilities and Technology, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all relevant supporting materials provided by the Sumter County Correctional Institution. This review encompassed facility policy documents, institutional plans, and records detailing any technological enhancements or physical plant changes implemented since the previous PREA audit or since August 20, 2012, whichever is more recent.</p> <p>Particular attention was paid to the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, as well as Sumter County Correctional Institution’s corresponding local PREA</p>

Policy 208.06, dated February 19, 2019. Both policies clearly articulate the agency's commitment to operating in full compliance with PREA standards, with specific emphasis on the strategic use of facility design and technology to prevent, detect, and respond to incidents of sexual abuse.

These guiding documents demonstrate a structured and intentional approach to facility safety, particularly through the implementation and expansion of electronic surveillance systems, the integration of PREA considerations into planning and construction, and the use of data to inform operational decisions.

### **OBSERVATIONS**

During the on-site audit, the Auditor toured all areas of the facility and observed the physical layout, placement of security equipment, and infrastructure that supports inmate safety. Throughout the housing units, hallways, program spaces, and common areas, the Auditor noted the presence of fixed surveillance cameras and well-placed security mirrors designed to eliminate blind spots and improve staff visibility.

The tour also revealed clear signs of recent and ongoing technology upgrades. New surveillance cameras had been installed in several locations, and infrastructure work was visibly underway in others. These improvements reflect the facility's continued investment in strengthening its monitoring capabilities. The expansion of the video surveillance system enhances the ability of staff to supervise incarcerated individuals effectively, monitor high-risk areas, and quickly respond to potential incidents of sexual abuse or harassment.

### **INTERVIEWS**

#### **Facility Leadership**

During a formal interview, the Facility Head confirmed that while the facility has not undergone major structural renovations or expansions since the previous PREA audit, it is actively engaged in a phased initiative to upgrade its electronic monitoring systems. This initiative includes the installation of additional cameras and the replacement of older surveillance technology with more advanced systems that provide greater visibility and recording capabilities.

The Facility Head explained that these improvements are part of a broader strategy to align facility operations with PREA standards and enhance safety for all residents. The planning and execution of surveillance upgrades involve collaboration between the Facility Head, Deputy Facility Head, and other members of the executive leadership team. Together, they conduct regular planning meetings to review current operational data, identify areas of concern, and prioritize technological investments based on risk assessment and resource availability.

These meetings incorporate a wide array of topics, including incident and grievance trends, use-of-force reviews, staff leave patterns, morale indicators, and relevant video footage analysis. By grounding decisions in data and involving a multidisciplinary leadership team, the facility ensures that both short-term upgrades

and long-term facility planning are informed by safety priorities and PREA compliance goals.

The Facility Head also emphasized that when future construction, modifications, or renovations are proposed, PREA considerations—such as line-of-sight visibility, camera placement, and overall facility design—are integral to the planning process. Institutional leadership conducts pre-construction safety and compliance reviews to ensure any changes enhance rather than compromise sexual safety within the facility.

## **PROVISIONS**

### **Provision (a):**

In response to the PAQ and as confirmed through leadership interviews, the facility has not acquired any new buildings or undergone substantial structural expansions or modifications since August 20, 2012, or since the last PREA audit, whichever is more recent.

### **Provision (b):**

Although the facility reported on the PAQ that it had not completed upgrades to its video monitoring or electronic surveillance systems, the on-site tour and interviews clarified that system improvements are currently in progress. The Facility Head confirmed that the institution is actively implementing enhancements to its surveillance infrastructure as part of a planned upgrade.

Leadership stated that both the Facility Head and Deputy are closely involved in decisions regarding surveillance improvements and other technological initiatives. Their involvement ensures that all upgrades serve PREA's overarching purpose—to prevent, detect, and respond effectively to sexual abuse and sexual harassment. These leaders collaborate regularly with other department heads to evaluate data and determine how surveillance systems and facility design can be best leveraged to support inmate safety.

## **CONCLUSION**

Following a comprehensive review of policies, documentation, physical observations, and leadership interviews, the Auditor concludes that Sumter County Correctional Institution meets all elements of PREA Standard §115.18 – Upgrades to Facilities and Technology. While the facility has not undergone significant structural modifications, it has demonstrated a proactive and ongoing commitment to improving technological infrastructure, particularly in the area of video surveillance.

By incorporating PREA principles into both current and future planning efforts, the facility is ensuring that upgrades support a safer environment for incarcerated individuals and staff alike. The intentional approach to surveillance, combined with leadership oversight and cross-departmental planning, underscores the agency's dedication to the continual advancement of sexual safety and institutional accountability.



115.21	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 552 371"><b><u>MATERIAL REVIEW</u></b></p> <p data-bbox="256 412 1476 613">In preparation for and during the on-site phase of the PREA audit, the Auditor conducted an extensive and systematic review of all relevant facility documentation. This review offered valuable insight into the institution’s operational procedures, inter-agency collaborations, and formalized strategies for responding to allegations of sexual abuse and sexual harassment.</p> <p data-bbox="256 651 1476 770">The documents reviewed reflected the agency’s commitment to maintaining a secure and responsive environment and showcased a multi-tiered approach to prevention, detection, and response. Among the essential documents examined were:</p> <ul data-bbox="331 837 1476 1420" style="list-style-type: none"> <li>• The fully completed Pre-Audit Questionnaire (PAQ) and its supporting attachments;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• GDC SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;</li> <li>• GDC SOP 103.10, Evidence Handling and Crime Scene Processing, effective August 30, 2022;</li> <li>• The locally adopted PREA Policy 208.06 for Sumter County Correctional Institution, dated February 19, 2019;</li> <li>• A current services agreement with the Lily Pad SANE Center, dated September 12, 2024, detailing the provision of forensic medical examinations by qualified professionals.</li> </ul> <p data-bbox="256 1458 1417 1659">These documents collectively demonstrate that the facility has adopted a well-structured, survivor-centered, and evidence-based approach to addressing sexual abuse allegations. The facility relies on clear procedures and partnerships with external agencies to ensure that responses are professional, timely, and trauma-informed.</p> <p data-bbox="256 1738 456 1771"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1809 619 1843"><b>PREA Coordinator (PC)</b></p> <p data-bbox="256 1854 1476 2056">During an in-depth interview, the PREA Coordinator confirmed that the institution adheres to a standardized evidence collection protocol aligned with nationally recognized forensic standards. This protocol ensures the preservation and integrity of physical evidence, which is essential for both administrative and criminal investigations. Although the facility currently does not house individuals under the</p>

age of 18, the Coordinator emphasized that the protocol is adaptable and developmentally appropriate should youthful individuals ever be admitted in the future.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager offered additional detail regarding the provision of forensic medical services. They explained that Sexual Assault Nurse Examiners (SANEs), trained specifically in trauma-informed care and forensic procedures, conduct all exams on-site in the facility's medical unit. These services are coordinated through the Lily Pad SANE Center and are provided at no cost to the incarcerated person. The PCM also confirmed that advocacy services are available throughout the examination process. Notably, no forensic exams were conducted during the 12 months preceding the audit.

#### **SAFE/SANE Medical Personnel**

Medical staff certified in Sexual Assault Forensic Examination (SAFE) and SANE protocols shared a comprehensive overview of the examination process. Exams are conducted only after receiving informed consent and include a full medical and trauma assessment, thorough documentation, evidence collection, and the administration of prophylactic treatments when appropriate. Chain-of-custody procedures are strictly followed to ensure the evidentiary integrity from collection through transfer to law enforcement.

#### **Random Staff Interviews**

Staff members from a broad range of assignments were interviewed to assess their knowledge of PREA-related protocols. Their responses reflected a consistent and accurate understanding of the appropriate steps to take when responding to reports of sexual abuse, including how to protect evidence and secure the area pending investigation.

#### **Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the audit, there were no incarcerated individuals who had reported sexual abuse. Therefore, interviews from this category were not conducted.

#### **Lily Pad SANE Center**

Representatives from the Lily Pad SANE Center confirmed the facility's current agreement and described the full range of services available through their partnership. These include:

- A 24-hour crisis response hotline;
- In-person emotional support and advocacy during forensic examinations;
- Multilingual services and accommodations for individuals with disabilities;
- Support during administrative and criminal investigations;
- Post-incident referrals and access to community-based resources.

#### **PROVISIONS**

**Provision (a)**

The facility conducts all administrative investigations internally, as confirmed through documentation and interviews. In contrast, criminal investigations, including evidence collection and crime scene management, fall under the jurisdiction of the Georgia Department of Corrections. Investigators follow standardized protocols to maintain the integrity of all physical evidence.

**Relevant Policies:**

- GDC SOP 208.06 (PREA Program)
- SOPs 103.06 and 103.10
- Sumter County Correctional Institution PREA Policy 208.06 (2/19/2019)

**Provision (b)**

Although the facility does not currently house individuals under the age of 18, its evidence collection and medical response protocols are structured to accommodate the developmental needs of youthful individuals, should that become necessary. A review of the inmate roster confirmed no individuals born after 2007 were in custody.

**Relevant Policies:**

- GDC SOP 208.06, referencing DOJ National Protocol for Sexual Assault Medical Forensic Examinations
- Sumter County PREA Policy 208.06

**Provision (c)**

All incarcerated individuals have access to forensic medical examinations at no cost. These exams are performed by SANE-certified professionals and conducted in a private, secure space within the facility's medical unit. Though no exams took place during the audit period, staff provided a detailed overview of the process, which includes:

**Informed consent;**

- Collection of personal and incident narratives;
- Comprehensive physical and genital examinations;
- Evidence collection and secure packaging;
- Documentation of all findings;
- Administration of medications for the prevention of STIs, including HIV.

**Relevant Policies:**

- GDC SOP 208.06 (p. 16)
- SOP 507.04.85
- Local PREA Policy 208.06 (Sumter County)

**Provision (d)**

All forensic examinations are conducted by external, certified SANE professionals from the Lily Pad SANE Center. These individuals are dispatched to the facility as needed and operate under a formal agreement, which was confirmed during interviews and documentation review.

**Relevant Policies:**

- GDC SOP 208.06, which prioritizes use of external victim advocates from certified rape crisis centers
- Local PREA Policy 208.06

**Provision (e)**

Victim advocates are available to accompany individuals throughout the forensic examination process. Their role includes providing emotional support, crisis intervention, and guidance during any subsequent investigative procedures. This service is delivered in partnership with the Lily Pad SANE Center and was affirmed through staff and partner interviews.

**Provision (f)**

The responsibility for criminal investigations and related procedures, including the processing of physical evidence and the provision of interpreter services, rests with the Georgia Department of Corrections. The facility continues to manage administrative investigations internally, in alignment with established procedures.

**Provision (g)**

This provision is not subject to Auditor assessment.

**Provision (h)**

Through its formal agreement with the Lily Pad SANE Center, the facility ensures access to trained, trauma-informed victim advocates. These professionals provide comprehensive support before, during, and after the forensic medical examination, assisting individuals through the often-complicated aftermath of a sexual abuse allegation.

**CONCLUSION**

Based on a thorough review of agency policies, inter-agency agreements, facility records, and interviews with staff and external partners, the Auditor finds Sumter County Correctional Institution to be in full compliance with PREA Standard §115.21—Evidence Protocol and Forensic Medical Examinations.

	<p>The facility has demonstrated a clear commitment to implementing a professional, trauma-informed, and victim-centered approach to responding to sexual abuse allegations. Its protocols are aligned with national standards, evidence is safeguarded through strict procedures, and services are made readily available to support individuals through every phase of the forensic response. All required elements of the standard have been met.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the comprehensive PREA audit process, the Auditor conducted a detailed and systematic review of the documentation submitted by Sumter County Correctional Institution. This review was instrumental in evaluating the facility's compliance with PREA Standard §115.71, which governs the conduct of administrative and criminal investigations related to sexual abuse and sexual harassment. The documentation provided a transparent look into the institution's investigative infrastructure, illustrating how allegations are addressed through clearly defined policies, procedures, and referral mechanisms.</p> <p>A key component of this review was the Pre-Audit Questionnaire (PAQ), which offered a comprehensive summary of the facility's operational procedures, investigative case activity, and staffing responsibilities as they relate to sexual safety and incident response. The PAQ served as the foundation for a deeper review of several guiding policies that together articulate a robust, standardized approach to investigations.</p> <p>Key policies examined included:</p> <ul style="list-style-type: none"> <li>• GDC Standard Operating Procedure (SOP) 208.06 – PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• GDC SOP 103.06 – Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective August 11, 2022;</li> <li>• Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019.</li> </ul> <p>These documents collectively reflect a strong institutional commitment to transparency, accountability, and trauma-informed, survivor-centered practices. The policies outline clear requirements for prompt, thorough, and unbiased investigations; set forth detailed procedures for preserving physical evidence; and establish the referral process for suspected criminal conduct. They also emphasize protections for those who report abuse and offer clear guidance on documentation, oversight, and</p>

records management—safeguarding due process while upholding the integrity of the investigative process.

**INTERVIEWS**

**Agency Head or Designee**

The Auditor interviewed the individual designated to represent the Agency Head, who affirmed the Georgia Department of Corrections’ steadfast adherence to its zero-tolerance policy regarding sexual abuse and sexual harassment. The representative stressed that all allegations—regardless of the source, context, or severity—are handled as formal complaints requiring a full investigation. These investigations are led by trained personnel within the Department, and cases are only referred to outside law enforcement when criteria for criminal prosecution are met.

The designee also highlighted GDC’s commitment to transparency, noting that the Department’s criminal referral procedures are publicly available on its official website. This openness allows both the public and individuals in custody to understand the steps the agency takes in responding to reports of sexual abuse. All referrals to law enforcement are tracked, documented, and maintained within the official investigative record to ensure consistent oversight and accountability.

**Investigative Staff**

Facility-based investigative staff shared detailed insights into the institution’s investigative practices. Their responses underscored a culture grounded in professionalism, fairness, and attention to both procedural rigor and survivor well-being. Investigators described a structured process that includes evidence collection and preservation, interviews with all relevant parties, careful review of video surveillance and communication logs, and the completion of comprehensive written reports. Staff emphasized the importance of impartiality, confidentiality, and adherence to agency protocols and federal PREA standards in every stage of the investigative process.

**PROVISIONS**

**Provision (a): Thorough Investigations for All Allegations**

Through documentation and interviews, the Auditor confirmed that the facility ensures every allegation of sexual abuse or sexual harassment triggers a formal investigation. This includes both substantiated and unsubstantiated claims. Georgia Department of Corrections policy clearly mandates prompt, structured responses with defined roles for investigative staff. Interviews with facility leadership affirmed that these practices are consistently followed. Notably, during the 12 months preceding the on-site audit, two allegations of sexual harassment involving staff and incarcerated individuals were reported and investigated through administrative procedures.

**Relevant Policies:**

GDC SOP 208.06, Section G.1 (p. 30), which requires all allegations be treated formally and investigated in accordance with agency policy.  
Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019, which aligns with and reinforces the GDC directive.

**Provision (b): Referral to Law Enforcement When Criminal Conduct Is Suspected**

The Auditor found clear evidence that the agency has an established process for referring allegations of potential criminal conduct to law enforcement. The process is well-documented, transparent, and publicly accessible via the GDC's official website. All referrals are recorded and stored within the investigative file, with corresponding notifications made to the facility administrator, regional oversight officials, and the GDC PREA Coordinator.

Interviews confirmed that staff are trained on these procedures and consistently follow the referral protocols. Cases involving evidence of penetration, visible injuries, or other signs of criminal behavior are referred without delay.

**Relevant Policies:**

GDC SOP 208.06, Section G.8 (pp. 31-32), which mandates immediate referral to law enforcement and provides guidance on:

- Documenting interviews with victims and witnesses;
- Reviewing previous complaints to identify behavioral patterns or credibility concerns;
- Applying an evidence-based credibility assessment that is independent of rank or position;
- Prohibiting polygraph testing as a condition for continuing an investigation.
- GDC SOP 103.06, Section I, reinforces the importance of objectivity, due process, and thorough investigations for all persons involved, including staff, contractors, volunteers, and individuals in custody.

Sumter County PREA Policy 208.06 incorporates and reflects these state-level requirements.

**Provision (c): Consistency in Investigation Practices**

The facility demonstrated a consistent and policy-driven approach in addressing all allegations of sexual misconduct. Whether the issue was pursued administratively or through a criminal investigation, the process followed the same core principles: impartiality, accuracy, and a trauma-informed focus. Documentation reviewed and interviews conducted by the Auditor supported the conclusion that the institution applies its investigative standards uniformly, upholding procedural integrity and reinforcing the credibility of its response framework.

**Provisions (d) and (e): Auditor Not Required to Assess**

These provisions fall outside the scope of the current audit and are not subject to

	<p>assessment under PREA Standard §115.71. Therefore, no findings are required for these provisions.</p> <p><b>CONCLUSION</b></p> <p>After a thorough evaluation of documentation, policies, staff interviews, and leadership insights, the Auditor determined that Sumter County Correctional Institution is in full compliance with PREA Standard §115.71—Criminal and Administrative Agency Investigations.</p> <p>The facility has implemented a structured, transparent, and survivor-focused investigative process that meets the letter and spirit of the PREA standards. Investigations are conducted with diligence, neutrality, and a firm commitment to protecting the rights, dignity, and safety of all individuals in custody. The institutional approach reinforces public trust and promotes a safe environment where reports of sexual abuse are taken seriously and addressed with professionalism and integrity.</p>
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115.31	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>MATERIAL REVIEW</b></p> <p>As part of the facility's PREA compliance assessment, the Auditor undertook an in-depth and structured review of all documentation related to staff training at Sumter County Correctional Institution. This review focused on evaluating the facility's alignment with the training requirements outlined in PREA Standard §115.31 – Employee Training. It also assessed the consistency between the institution's training program, federal mandates, and the internal directives established by the Georgia Department of Corrections (GDC).</p> <p>At the core of this review was the Pre-Audit Questionnaire (PAQ), which offered a broad overview of the facility's approach to educating staff on the prevention, detection, response to, and reporting of sexual abuse and harassment. The PAQ served as a roadmap, guiding the Auditor through the broader framework of staff training policies and practices.</p> <p>A wide range of supplemental materials accompanied the PAQ and provided concrete evidence of the facility's commitment to thorough and ongoing PREA training. These materials included:</p> <ul style="list-style-type: none"> <li>• The completed PAQ and all relevant attachments;</li> <li>• GDC Standard Operating Procedure (SOP) 208.06 – PREA: Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Sumter County Correctional Institution PREA Policy 208.06, dated February 19,</li> </ul>



2019;

- The facility's PREA Staff Training Curriculum and Instructional Modules, which outlined learning objectives and the content areas covered in training sessions;
- Training rosters, attendance logs, and signed acknowledgment forms confirming employee participation and comprehension;
- A representative sample of training files from a cross-section of custody and non-custody staff, spanning multiple departments and shifts.

Each document was carefully reviewed to ensure that the training program is comprehensive, accurately targeted, and responsive to the specific demographics and needs of the incarcerated population. The Auditor paid particular attention to verifying that all ten PREA-mandated training topics were consistently addressed and that instructional delivery methods—whether in-person, virtual, or through on-the-job reinforcement—were effectively implemented across the institution.

## **INTERVIEWS**

### **Random Staff Interviews**

To supplement the material review and validate training implementation, the Auditor conducted confidential interviews with a randomly selected group of employees. Interviewees represented various roles and departments, including security, administration, programming, and facility support functions. Without exception, each individual confirmed that they had received PREA training prior to assuming duties involving any interaction with individuals in custody.

Staff reported that initial PREA instruction was embedded within their orientation program and was later reinforced through recurring training events, annual refreshers, and informal methods such as shift briefings and roll calls. Participants in the interviews consistently demonstrated a clear understanding of their responsibilities under PREA, including how to identify signs of abuse, respond appropriately to disclosures, and report allegations through the appropriate channels. All interviewees were able to recall and discuss the ten key training topics required by the standard, indicating strong retention and real-time application of the material.

## **PROVISIONS**

### **Provision (a): Comprehensive Staff Training Content**

Based on curriculum materials, training records, and staff interviews, the Auditor verified that all employees receive thorough and policy-aligned PREA training that encompasses the ten required content areas:

- The agency's zero-tolerance policy for sexual abuse and harassment;
- Staff responsibilities in preventing, detecting, responding to, and reporting such incidents;

- The right of all incarcerated individuals to be free from sexual abuse and harassment;
- The protection from retaliation for both individuals who report and those who cooperate with investigations;
- The unique dynamics of sexual abuse in a correctional environment;
- The common psychological and behavioral reactions of sexual abuse survivors;
- Recognition of indicators of threatened or actual sexual abuse;
- Maintaining appropriate professional boundaries with those in custody;
- Effective and respectful communication with individuals who identify as LGBTI or gender nonconforming;
- Legal obligations regarding mandatory reporting to appropriate outside authorities.

The Auditor examined the training records of 33 staff from various areas and shifts. Each file contained documentation of completed training sessions and signed acknowledgment forms, affirming that the staff member understood the material and their role in maintaining a safe facility environment.

**Relevant Policies:**

- GDC SOP 208.06, p. 19, Section 1(a)(i-x);
- Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019.

**Provision (b): Gender-Specific Training**

The facility's training materials include modules that address gender-responsive strategies appropriate to the institution's current population, which consists of adult men. The curriculum incorporates best practices for communicating with and managing individuals in a male correctional setting, including professionalism, de-escalation strategies, and trauma-informed responses.

Additionally, GDC policy requires staff who transfer to facilities housing individuals of a different gender to complete supplemental, gender-specific training prior to assuming duties. Interviews and documentation confirmed that this policy is implemented as written, and that staff are aware of how gender-specific needs can impact communication, privacy expectations, and behavioral dynamics.

Inclusive training is also provided to guide staff in engaging respectfully with individuals who are transgender, intersex, or gender nonconforming, ensuring interactions remain legally compliant and rooted in dignity.

**Relevant Policies:**

- GDC SOP 208.06, p. 20, Sections 1(b-d);
- Sumter County Correctional Institution PREA Policy 208.06, dated February 19,

2019.

**Provision (c): Ongoing and Refresher Training**

The facility has established a robust system for ensuring that PREA-related training is reinforced beyond initial staff orientation. While formal refresher courses are mandated at least every two years, staff indicated they receive annual updates and regular reinforcement through scheduled in-service sessions, team briefings, and daily shift roll calls.

Training records confirmed that every staff member in the sample group had received PREA-related training within the past 12 months. This ongoing educational commitment helps maintain staff readiness and strengthens institutional culture around sexual safety and professional accountability.

**Provision (d): Documentation of Training**

Sumter County Correctional Institution maintains a well-organized system for documenting PREA training participation. Attendance logs, electronic records, and signed acknowledgment forms are all utilized to ensure training is verifiable and up to date. These records are maintained in a manner that allows administrators and auditors to easily verify individual staff compliance and track completion trends across the workforce.

During the on-site review, the Auditor examined the signed acknowledgment forms for all 30 randomly selected staff members. Each record was current and accurately reflected the staff member's participation in required training. The thoroughness of this documentation demonstrates a high level of institutional accountability and transparency.

**CONCLUSION**

Following a comprehensive review of staff training policies, instructional materials, training records, and interviews, the Auditor concludes that Sumter County Correctional Institution fully meets the requirements of PREA Standard §115.31 – Employee Training.

The facility has developed and sustained a high-quality, inclusive, and policy-driven training program that ensures all staff are equipped to fulfill their responsibilities in preventing and responding to incidents of sexual abuse and harassment. Training is consistently delivered, regularly reinforced, and well-documented. Staff interviews confirmed strong retention of training content and a clear understanding of their roles within the framework of PREA compliance.

Sumter County Correctional Institution demonstrates a proactive and professional approach to staff education that contributes to a culture of safety, respect, and accountability throughout the facility.

115.32	<b>Volunteer and contractor training</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 552 371"><b><u>MATERIAL REVIEW</u></b></p> <p data-bbox="256 412 1469 741">As part of the audit process to evaluate compliance with PREA Standard §115.32—Volunteer and Contractor Training—the Auditor conducted a detailed and structured review of all relevant documentation provided by Sumter County Correctional Institution. This review, which encompassed materials submitted both before and during the on-site audit, focused on assessing the institution’s procedures for equipping non-agency personnel—specifically volunteers and contractors—with the knowledge necessary to recognize, prevent, and report sexual abuse and sexual harassment within the facility.</p> <p data-bbox="256 775 1469 936">Central to this evaluation was the completed Pre-Audit Questionnaire (PAQ), which outlined the facility’s training framework for volunteers and contractors. The PAQ was supplemented by a range of key documents that collectively illustrated the scope and delivery of PREA education for non-agency personnel. These documents included:</p> <ul data-bbox="331 1003 1469 1417" style="list-style-type: none"> <li>• The Pre-Audit Questionnaire and relevant supporting attachments;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019;</li> <li>• The facility’s PREA Training Curriculum developed specifically for volunteers and contractors;</li> <li>• Signed acknowledgment forms confirming receipt and understanding of PREA training content.</li> </ul> <p data-bbox="256 1451 1449 1697">This documentation provided insight into how the facility operationalizes its commitment to educating all individuals who have access to people in custody, regardless of employment status. It also demonstrated a proactive approach to ensuring that volunteers and contractors are fully informed of their responsibilities under PREA and understand the mechanisms in place to maintain a safe and abuse-free environment.</p> <p data-bbox="256 1776 456 1809"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1850 576 1883"><b>Volunteer Interview</b></p> <p data-bbox="256 1895 1461 2056">To verify training implementation beyond the written record, the Auditor conducted a one-on-one interview with an active facility volunteer. The volunteer confirmed receiving PREA training prior to any interaction with incarcerated individuals. They described the training as well-organized, relevant, and appropriately tailored to their</p>

duties within the facility. When asked to explain PREA and their role in the facility's zero-tolerance approach, the volunteer confidently articulated the core purpose of the standard and their duty to report any knowledge or suspicion of sexual abuse or harassment. Their responses reflected a clear understanding of institutional expectations and an ability to take appropriate action if needed.

### **Contractor Interview**

A contractor was also interviewed to provide perspective from a non-agency personnel role with distinct operational responsibilities. The contractor affirmed that they had received PREA training as a prerequisite for entering the facility and acknowledged the training's relevance to their work and level of contact with those in custody. The contractor was able to explain the agency's zero-tolerance policy, identify the steps for reporting suspected misconduct, and express confidence in their ability to follow protocol should an incident arise. Their responses mirrored the volunteer's in both clarity and comprehension, indicating that the training effectively prepared them to support a culture of safety and accountability.

### **PROVISIONS**

#### **Provision (a): Training for Volunteers and Contractors**

Through documentation and interviews, the Auditor confirmed that the facility has established and implemented a structured training process for all volunteers and contractors who may have direct or incidental contact with individuals in custody. This training covers the agency's policies regarding the prevention, detection, and reporting of sexual abuse and sexual harassment, ensuring that all non-agency personnel are informed and prepared.

At the time of the audit, the facility reported that 5 volunteers and contractors had completed PREA training. The Auditor reviewed training documentation for 5 of these individuals and verified that each file included a signed acknowledgment confirming receipt and comprehension of the training material. These records reflected current participation and full compliance with the annual PREA education requirement.

#### **Relevant Policy Citations:**

- GDC SOP 208.06, p. 20, Section 2(a): Requires all volunteers and contractors with any level of offender contact to receive a copy of the PREA policy and be trained according to their level of responsibility. The policy also authorizes the use of Attachment 19, the PREA Staff Brochure, as a training tool.
- Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019: Aligns with and reinforces the requirements outlined in the GDC policy.

#### **Provision (b): Training Content Tailored to Role and Contact Level**

The facility tailors the content and depth of training based on the services each volunteer or contractor provides and the extent of their contact with individuals in custody. Regardless of their role, all are informed of the agency's zero-tolerance

policy and the importance of immediate and accurate reporting of any allegations or observed misconduct.

Both the volunteer and contractor interviewed during the audit confirmed that the training they received was applicable to their roles and responsibilities. They described training that effectively communicated expectations, safety protocols, and reporting procedures in a way that was understandable and relevant. The Auditor's review of the training curriculum and instructional materials supported these accounts and confirmed that content delivery is scaled appropriately based on access level and job function.

**Relevant Policy Citations:**

- GDC SOP 208.06, p. 20, Section 2(b): States that training shall be adjusted to reflect the services performed and level of contact with offenders but must always include the agency's zero-tolerance stance and reporting expectations.
- Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019: Mirrors the content of the statewide policy.

**Provision (c): Documentation of Training and Understanding**

The Auditor verified that the facility maintains thorough documentation confirming that all volunteers and contractors receive and comprehend PREA training. These records are retained in individual files and include the signed Sexual Abuse/Sexual Harassment PREA Education Acknowledgment Statement (Attachment 1), which affirms understanding of the agency's policies and reporting requirements.

The audit included a review of training files for 5 volunteers and contractors, all of which contained complete and up-to-date documentation. The consistency of these records demonstrates the facility's attention to detail and commitment to accountability in the delivery and tracking of PREA-related education.

**Relevant Policy Citations:**

- GDC SOP 208.06, p. 21, Section 2(c): Requires signed documentation or electronic confirmation to verify completion of training and encourages individuals to seek clarification as needed to fully understand their obligations.
- Sumter County Correctional Institution PREA Policy 208.06, dated February 19, 2019: Reaffirms and reflects this statewide directive.

**CONCLUSION**

Based on a comprehensive evaluation of training materials, policy documents, and interviews with both a volunteer and a contractor, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.32—Volunteer and Contractor Training.

	<p>The facility has implemented a robust and well-organized training program that ensures all individuals who enter the facility in a volunteer or contractor capacity are properly educated on their role in preventing and reporting sexual abuse and harassment. Training is tailored to the nature of each person's duties and level of inmate contact, and documentation practices demonstrate strong internal controls and institutional accountability.</p> <p>Volunteers and contractors consistently demonstrated both awareness and understanding of their responsibilities under PREA, reinforcing the facility's commitment to creating and maintaining a culture of safety, respect, and zero tolerance for abuse in all forms.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate Sumter County Correctional Institution's adherence to PREA Standard §115.33 – Inmate Education, the Auditor conducted a detailed and comprehensive review of all related educational materials, documentation, and institutional practices. This assessment, carried out both prior to and during the on-site portion of the audit, focused on how effectively the facility educates individuals in custody about their rights to be free from sexual abuse and harassment, and the methods available to report such conduct safely and confidentially.</p> <p>The documentation reviewed reflected a multi-layered and intentional approach to education, beginning at intake and continuing throughout an individual's incarceration. The facility's educational materials emphasize the Georgia Department of Corrections' (GDC) zero-tolerance policy and include guidance on both prevention strategies and reporting procedures. The following items were reviewed to assess the scope and quality of the inmate education program:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation;</li> <li>• GDC Standard Operating Procedure (SOP) 208.06, Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• A GDC-produced PREA educational video, Discussing the Prison Rape Elimination Act, dated February 23, 2023;</li> <li>• Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019;</li> <li>• The Interpretation Service Guide detailing services for individuals with limited English proficiency (LEP);</li> <li>• An undated PREA Inmate Information Guide Brochure and Offender Handbook,</li> </ul>

both of which explain inmate rights, available reporting channels, and access to victim support services;

- PREA-related posters and facility signage, such as Reporting is the First Step, prominently displayed throughout the institution;
- Inmate-specific documentation including PREA Intake Information Forms, signed Acknowledgment of Education Forms, and the Inmate PREA Education Spreadsheet logging education dates, methods, and updates.

Together, these documents illustrated a cohesive and structured process that supports timely, repeated, and inclusive PREA education. They also demonstrated a strong institutional commitment to ensuring information is accessible and comprehensible to all individuals in custody, regardless of language, literacy level, or ability.

### **OBSERVATIONS**

During the facility tour, the Auditor observed that PREA educational materials were highly visible and strategically posted in high-traffic and private areas alike. Posters and signs could be seen in housing units, common areas, intake spaces, bathrooms, hallways, and near inmate telephones—locations chosen to maximize access and visibility. Each sign reinforced the facility’s zero-tolerance policy toward sexual misconduct and provided clear instructions for internal and external reporting.

The displayed materials included contact information for both the GDC PREA Office and the designated external victim advocacy partner, The Lily Pad SANE Center. Information was available in both English and Spanish. Interviews with staff confirmed that interpretation services are immediately available for individuals who are limited English proficient, and that alternate communication methods are provided for those with visual, hearing, or cognitive impairments.

Additional supports observed or described included American Sign Language (ASL) interpretation, closed-captioning for video content, Braille materials, audio assistance, and personalized staff-led sessions. These accommodations ensure that every person, regardless of background or ability, receives and understands critical information about their rights and the protections afforded under PREA.

### **INTERVIEWS**

#### **Intake Staff**

Interviews with staff responsible for intake procedures confirmed that PREA education begins as part of the facility’s admissions process. Immediately upon arrival, individuals are provided with verbal guidance, written brochures, and access to a facility orientation video that introduces the agency’s sexual safety policies, reporting channels, and protective services.

Within 15 days, a more comprehensive education session is conducted for those who remain in custody. This session reinforces initial messaging and provides deeper



instruction on prevention strategies, retaliation protections, and what individuals can expect following a report. Staff emphasized that education is customized based on an individual's needs—including translation, simplified communication, and assistance for those with disabilities. In cases where a person transfers from another facility with different practices, updated education is provided to reflect local policy.

All educational interactions are documented through signed acknowledgment forms and filed as part of each person's institutional record.

### **Incarcerated Individuals**

The Auditor conducted confidential interviews with 25 randomly selected incarcerated individuals across different housing units and classification levels. Without exception, all participants confirmed receiving PREA education shortly after their arrival. Most recalled receiving printed materials, brochures, and the Offender Handbook, as well as watching an educational video. They were able to clearly articulate the facility's zero-tolerance policy and describe various ways to report an incident, including anonymous options.

Several interviewees commented on the frequent visibility of PREA posters and signage throughout the facility. Some also recalled attending refresher training sessions or receiving verbal reminders during housing unit meetings. Their feedback reflected a strong understanding of their rights and the institutional culture of safety and accountability.

## **PROVISIONS**

### **Provision (a): Initial PREA Education Upon Intake**

Facility records and interviews confirmed that all newly admitted individuals received initial PREA education within 24 hours of arrival. This education includes explanations of the zero-tolerance policy, definitions of prohibited behavior, and an overview of available reporting methods. Documentation confirmed that 579 individuals were admitted during the 12-month period prior to the audit and that all received this education as required.

#### **Relevant Policies:**

- GDC SOP 208.06, p. 21, Section 3
- Sumter County PREA Policy 208.06, dated February 19, 2019

### **Provision (b): Comprehensive PREA Education Within 30 Days**

Those who remain at the facility beyond the intake period receive enhanced PREA education within 15 days of arrival. This session expands on the initial overview and includes:

- Definitions of sexual abuse and harassment;
- Steps to protect oneself from victimization;

- All internal and external reporting mechanisms;
- Retaliation protections and investigative procedures;
- Access to support services and advocacy;
- Notification that supervision may be conducted by staff of any gender identity.

This session is delivered through multiple mediums, including in-person presentations, video, and written materials. It is documented in accordance with GDC SOP 208.06, pp. 21-22, Section 3.a.i-ix.

### **Additional Reporting Resources**

Individuals in custody are informed of several reporting options, including:

- Internal PREA Hotline (\*7732);
- External victim advocate line via The Lily Pad SANE Center (229-435-0074);
- Anonymous written communication;
- Email reporting options;
- Third-party reports submitted by family, friends, or advocates.

These options are consistently explained during education sessions and reinforced through facility signage and written materials.

### **Provision (c): Education Prior to Housing Assignment**

Facility protocol ensures that no individual is assigned to housing until they have received their initial PREA education. Audit documentation and interviews confirmed that this process occurs within 72 hours of arrival, as required.

### **Provision (d): Accessibility for Individuals with Disabilities or Limited English Proficiency**

The facility's education practices are inclusive and responsive to the diverse needs of its population. Accommodations include:

- Spanish-language materials and real-time interpretation via LanguageLine;
- ASL-interpreted or captioned video presentations;
- Braille and staff-assisted reading for visually impaired individuals;
- Simplified instruction and one-on-one assistance for those with cognitive disabilities or low literacy.

These efforts exemplify the facility's commitment to equity, trauma-informed care, and universal access to information.

### **Provision (e): Documentation of PREA Education**

The Auditor reviewed 36 randomly selected institutional files and found each contained signed acknowledgment forms confirming both initial and comprehensive

	<p>PREA education. The Inmate PREA Education Spreadsheet was also current and matched with documentation, verifying compliance with GDC SOP 208.06, p. 22, Section 3.b.</p> <p><b>Provision (f): Ongoing Accessibility of PREA Information</b></p> <p>PREA education is reinforced through ongoing visibility and accessibility. Individuals are reminded of their rights and reporting options via:</p> <ul style="list-style-type: none"> <li>• Clearly posted signage in housing areas and restrooms;</li> <li>• Informational posters near phones and visitation areas;</li> <li>• Printed brochures and the Offender Handbook;</li> <li>• Replay access to PREA orientation videos.</li> </ul> <p>This consistent presence supports an institutional culture where sexual safety is prioritized and everyone is empowered to speak up.</p> <p><b><u>CONCLUSION</u></b></p> <p>After reviewing documentation, touring the facility, and conducting interviews with both staff and incarcerated individuals, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.33 – Inmate Education.</p> <p>The facility demonstrates a structured, inclusive, and well-documented education program that meets the intent and letter of the standard. Individuals in custody are educated upon arrival, receive follow-up instruction, and have continuous access to clear, accessible information on their rights and reporting options. Accommodations are made proactively to ensure that all individuals—regardless of language, literacy, or ability—receive equal access to this vital information.</p> <p>Sumter County Correctional Institution’s inmate education efforts reflect a strong organizational commitment to fostering a safe, respectful, and informed correctional environment in alignment with PREA’s core mission.</p>
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115.34	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess Sumter County Correctional Institution’s compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor conducted a comprehensive review of documentation provided both in advance of and during the on-site portion of the audit. This evaluation focused on determining whether the</p>

Georgia Department of Corrections (GDC) and facility leadership have implemented effective procedures to ensure that all staff responsible for investigating sexual abuse and harassment allegations receive the specialized training required by the standard.

The review began with the completed Pre-Audit Questionnaire (PAQ), which outlined the agency's investigative training protocols and personnel assignments. Supporting this overview were key policy documents that serve as the foundation for the agency's training strategy:

- GDC Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised on June 23, 2022, and
- Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, which aligns with the GDC directive and reaffirms the facility's internal commitment to ensuring qualified investigative personnel.

In addition to reviewing these guiding documents, the Auditor examined the specialized training curriculum provided to investigative staff. The curriculum reflected a strong emphasis on practical and ethical investigation practices within a correctional setting and included instruction in:

Trauma-informed interview techniques;

- Proper administration of Miranda and Garrity warnings;
- Evidence collection and preservation within a secure environment;
- Understanding and applying the different standards of proof required in administrative and criminal cases.

The training materials also underscored the unique challenges and sensitivities of investigating sexual abuse allegations in confinement, including working with vulnerable populations and navigating the institutional dynamics of correctional settings.

Training records, rosters, and certificates of completion were also reviewed for each staff member assigned to conduct investigations. These records confirmed that all investigators had successfully completed both the basic and advanced PREA investigator training courses offered by the National Institute of Corrections (NIC). This certification reflects national best practices and satisfies the federal expectations established under PREA.

Together, the policies, curriculum content, and training documentation reflect a robust, policy-driven framework that prepares investigative staff to perform their duties with professionalism, legal precision, and respect for all individuals involved.

## **INTERVIEWS**

### **Investigative Personnel**

To further verify compliance, the Auditor conducted interviews with facility staff assigned to conduct investigations into allegations of sexual abuse and harassment. These conversations provided compelling confirmation that investigative staff had received the appropriate specialized training and could apply that training effectively.

Each investigator described their training experience in detail, emphasizing both its instructional depth and real-world applicability. They were able to accurately explain key investigative procedures, including:

- When and how to administer Miranda and Garrity warnings;
- How to conduct trauma-informed interviews with individuals in custody;
- Best practices for collecting, securing, and preserving physical and testimonial evidence;
- The distinctions between the evidentiary standards for administrative and criminal proceedings.

In addition, investigators spoke about the ethical considerations involved in conducting fair and impartial investigations, noting the importance of treating all parties with dignity and professionalism. These interviews reflected a strong level of competence, awareness, and sensitivity to the complexities inherent in sexual misconduct investigations within correctional environments.

## **PROVISIONS**

### **Provision (a): Requirement for Specialized Investigator Training**

The Auditor's review of policies, training documentation, and interview findings confirmed that all investigators assigned to PREA-related cases at Sumter County Correctional Institution have completed specialized training as required by PREA Standard §115.34.

At the time of the audit, four investigators were designated to handle PREA cases. Each had successfully completed the following NIC courses:

- PREA: Investigating Sexual Abuse in Confinement Settings, and
- PREA: Investigating Sexual Abuse in Confinement Settings – Advanced Investigations

These courses are widely recognized and meet or exceed the expectations of the standard.

GDC SOP 208.06, page 23, Section 4 (a-c), outlines the mandatory training framework:

- Subsection (a) requires all staff assigned to investigate sexual abuse or harassment to complete specialized training;
- Subsection (b) details specific content areas to be covered, including

- interview techniques, evidence handling, and legal advisement protocols;
- Subsection (c) assigns responsibility for verifying and documenting training compliance to the Department.

The local PREA Policy 208.06, maintained by Sumter County Correctional Institution, mirrors these provisions and ensures facility-level implementation.

#### **Provision (b): Alignment of Training Content with PREA Requirements**

The Auditor confirmed that the facility's investigator training curriculum aligns fully with the content areas specified in the standard and in GDC SOP 208.06. Topics such as trauma-informed communication, evidentiary standards, legal rights advisement, and investigative impartiality were all addressed in the training materials and reinforced during staff interviews.

Investigators reported that the training placed particular emphasis on how to conduct interviews with individuals who may be emotionally traumatized, reluctant to speak, or fearful of retaliation. They described learning how to maintain objectivity while navigating the sensitive nature of sexual abuse allegations in the correctional setting.

This strong alignment between policy, training content, and staff understanding illustrates a high-quality, well-implemented training strategy.

#### **Provision (c): Documentation of Completed Training**

Sumter County Correctional Institution maintains clear and complete documentation verifying that all investigators have met training requirements. The Auditor reviewed training files for all three designated investigators. Each file included:

- Certificates of completion from the National Institute of Corrections for both required courses;
- Training rosters listing staff attendance;
- Signed acknowledgment forms confirming receipt and comprehension of training materials.

The investigators interviewed were able to recall specific elements of their training and articulate how they apply those concepts in practice. This documentation system provides clear evidence of institutional accountability and enables ongoing compliance monitoring.

#### **Provision (d): Not Applicable**

This section of the standard was not relevant to the facility's operations or scope of review and was therefore excluded from evaluation.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough and multi-faceted review of policy, training curriculum, staff records, and interviews with investigative personnel, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The facility, in partnership with the Georgia Department of Corrections, has established a comprehensive and accountable system for training investigators assigned to handle sexual abuse and harassment allegations. The use of nationally recognized NIC training, coupled with detailed documentation and knowledgeable staff, ensures that investigations are conducted professionally, fairly, and in accordance with legal and ethical standards.</p> <p>By investing in high-quality training and prioritizing trauma-informed investigative practices, the institution reinforces its commitment to protecting the safety and dignity of all individuals in custody and upholding the fundamental principles of the Prison Rape Elimination Act.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>MATERIAL REVIEW</b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor conducted an extensive review of documentation provided both prior to and during the on-site audit. The purpose of this review was to determine whether medical personnel assigned to Sumter County Correctional Institution have completed the necessary general and specialized training to fulfill their responsibilities in accordance with the PREA standards.</p> <p>The assessment began with an in-depth analysis of the facility’s completed Pre-Audit Questionnaire (PAQ), supported by a comprehensive set of attachments. Foundational to the review was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently updated on June 23, 2022. This policy outlines the training requirements for medical and mental health staff across all GDC facilities.</p> <p>Also reviewed was Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019, which mirrors GDC SOP 208.06 and reinforces the expectations for local implementation. These policies serve as the guiding framework for ensuring that medical professionals receive adequate preparation to identify,</p>

report, and respond to incidents of sexual abuse and harassment within a secure correctional environment.

The Auditor also examined specialized training materials designed specifically for healthcare staff. These materials included lesson plans, course outlines, and reference resources addressing trauma-informed care, clinical responsibilities when responding to allegations of sexual abuse, and the mandatory reporting obligations of medical personnel. Training rosters and certificates of completion were submitted as evidence of participation.

Collectively, these documents reflect a proactive and policy-aligned approach to staff development in the area of sexual safety, emphasizing the facility's commitment to equipping medical professionals with the tools and knowledge necessary to carry out their roles effectively.

**INTERVIEWS**

**Facility Head**

During a structured interview, the Facility Head confirmed that healthcare professionals assigned to GDC institutions, including Sumter County Correctional Institution, are required to complete both the general PREA training given to all staff and the specialized instruction relevant to their clinical responsibilities. The Facility Head expressed confidence in the current on-site medical provider's training status, indicating that the individual had fully met the agency's requirements and is well-prepared to support the facility's sexual abuse prevention and response protocols.

**Medical Staff**

Sumter County Correctional Institution currently employs one full-time nurse who serves as the facility's sole on-site healthcare provider. In the interview, the nurse demonstrated clear familiarity with both general PREA standards and role-specific requirements for medical staff. The nurse reported completing initial PREA education during new hire orientation and continuing to receive annual refresher training thereafter. Additionally, the nurse confirmed successful completion of a specialized course offered by the National Institute of Corrections (NIC) titled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.

The nurse confidently described their responsibilities related to identifying indicators of sexual abuse, supporting individuals who may disclose incidents, and initiating timely reports in accordance with facility protocols. They articulated a clear understanding of the distinction between clinical documentation and formal reporting, as well as the facility's procedures for ensuring timely access to external medical and advocacy resources.

**Mental Health Services**

At the time of the audit, Sumter County Correctional Institution did not employ on-site mental health professionals. Instead, individuals requiring mental health support are referred to qualified community-based providers. Because mental health services are not delivered in-house, no interviews were conducted with mental health staff under



this standard.

**PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that all medical staff, including the current on-site nurse, are subject to both general and specialized PREA training requirements. The PCM also affirmed that training records are maintained, monitored for currency, and reviewed to ensure compliance. This approach supports the broader agency strategy of integrating PREA principles into all aspects of facility operations and staff development.

**PROVISIONS**

**Provision (a): Specialized Training for Medical and Mental Health Care Providers**

Agency policy requires that all medical and mental health professionals who provide regular services in the facility complete specialized training in accordance with PREA Standard §115.35. The Auditor verified, through a review of training documentation and staff interviews, that the facility's full-time nurse completed the NIC course PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. This nationally recognized training equips medical personnel with the knowledge and tools to identify signs of sexual abuse, understand trauma responses, provide clinically appropriate care, and comply with mandatory reporting obligations.

GDC SOP 208.06, page 23, Section 5, requires all healthcare staff to complete specialized PREA training annually. Sumter County Correctional Institution's local policy reflects and reinforces these same standards, ensuring consistency and fidelity at the facility level.

**Provision (b): Forensic Medical Examinations**

This provision is not applicable to Sumter County Correctional Institution. Per facility policy, on-site medical staff are not authorized to conduct forensic medical examinations. In cases where such services are required, individuals are referred to an external facility with certified practitioners trained in Sexual Assault Nurse Examiner (SANE) protocols. This ensures that forensic care is delivered in a manner consistent with professional standards and legal requirements.

**Provision (c): Documentation of Training**

The Auditor reviewed the training records of the on-site nurse, which included a valid certificate of completion for the NIC PREA course and supporting documentation of annual refresher training. These records were organized, complete, and verified the nurse's compliance with the required training regimen. This documentation reflects a structured and accountable system for ensuring healthcare staff remain current in their knowledge and responsibilities.

**Provision (d): Participation in General PREA Training**

Interviews and documentation confirmed that the nurse had also completed the general PREA training required of all staff, contractors, and volunteers, in accordance with Standard §115.31. The PREA Compliance Manager emphasized that general and

	<p>specialized training efforts are integrated, ensuring that medical professionals receive comprehensive education on both foundational PREA principles and role-specific duties.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an in-depth review of policy documents, training materials, staff records, and interview data, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.</p> <p>The facility has established clear, enforceable policies requiring healthcare personnel to complete both general and specialized training related to the detection, reporting, and clinical response to sexual abuse. Although only one healthcare provider is currently employed on-site, this individual has completed all required training and demonstrated a strong command of their duties under the PREA framework.</p> <p>The use of national training resources, comprehensive documentation, and routine monitoring ensures that medical services are delivered with a high degree of professionalism and alignment with PREA’s core goals. These efforts contribute meaningfully to the facility’s broader mission of fostering a secure, respectful, and abuse-free environment for all individuals in custody.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>In assessing Sumter County Correctional Institution’s compliance with PREA Standard §115.41—Screening for Risk of Sexual Victimization and Abusiveness—the Auditor undertook an extensive review of institutional policies, procedures, and operational documents. This examination was designed to determine whether the facility has developed and implemented a comprehensive, consistent screening process that effectively identifies individuals who may be at increased risk of sexual victimization or who may present a risk of sexual abusiveness to others.</p> <p>The Auditor’s review included, but was not limited to, the following key materials:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ) and all accompanying attachments;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised on June 23, 2022;</li> </ul>

- The institution's site-specific PREA Policy 208.06, dated February 19, 2019, which aligns with GDC's overarching PREA policy while addressing localized practices;
- Attachment 2 of SOP 208.06, the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument, updated June 23, 2022;
- Documentation evidencing completion of initial risk screenings for all new admissions;
- Reassessment records for individuals remaining in custody beyond the initial intake period, including those triggered by subsequent events.

Together, these materials outline the methods and tools used by the facility to ensure timely, accurate identification of risk factors, and to guide housing, programming, and supervision decisions in a way that enhances safety and mitigates risk.

## **INTERVIEWS**

### **PREA Coordinator (PC)**

The PREA Coordinator emphasized that screening information is safeguarded and made available solely to personnel with a demonstrable operational need, such as medical and mental health professionals, classification staff, and the PREA Compliance Manager (PCM). The Coordinator reiterated that this data is strictly used to inform decisions about housing, work, programming, and education placements to support resident safety. Additionally, the Coordinator clarified that the Georgia Department of Corrections does not detain individuals for civil immigration purposes, and thus, such considerations do not factor into screening or classification.

### **PREA Compliance Manager (PCM)**

The PCM described the screening process as fundamentally preventative and protective. Both initial and follow-up screenings are used as proactive tools to identify individuals who may be vulnerable to sexual victimization or who may pose a risk to others. The PCM underscored the importance of using this information to inform classification and housing decisions and to maintain a secure and respectful institutional environment.

### **Risk Screening Staff**

Staff members responsible for conducting risk assessments reported that all individuals are screened within 24 hours of admission. The assessments encompass a broad range of factors, including previous victimization, criminal and institutional history, and demographic and behavioral indicators. Staff explained that a 30-day reassessment is completed for all who remain in custody past the intake period, and additional reassessments are conducted when new risk-related information surfaces—such as after an allegation of sexual abuse or a return from another facility.

Staff also highlighted their trauma-informed approach: individuals are never disciplined for declining to answer sensitive screening questions. Rather, staff are trained to engage with empathy, patience, and persistence, often revisiting unanswered questions after rapport has been established.

### **Randomly Selected Inmates**

Individuals interviewed at random reported being screened shortly after intake, typically within 24 hours. They were able to recall being asked questions related to prior victimization, sexual orientation, gender identity, and previous incarcerations. Most expressed understanding that the process was intended to promote their safety, and several confirmed that reassessments occurred within a few weeks of admission.

### **PROVISIONS**

#### **Provision (a): Screening Upon Admission**

Institutional policy and practice ensure that all newly admitted individuals are screened for risk of sexual victimization or abusiveness immediately upon arrival. This process is both policy-mandated and consistently implemented, as evidenced through interviews and documentation.

GDC SOP 208.06, Section D(1) requires that all individuals be screened at intake to assess both vulnerability and potential for abusiveness.

Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, mirrors this requirement and adheres to state directives.

#### **Provision (b): Screening Timeframes**

The PAQ and supporting documentation confirmed that all 579 individuals admitted during the review period were screened within the required 72-hour window. In practice, the facility consistently completes these screenings within 24 hours. A review of 50 sample records revealed 100% compliance with this requirement.

SOP 208.06, Section D(2) affirms that initial screening is completed within 24 hours of arrival and reassessed within 30 days using SCRIBE and Attachment 2.

#### **Provision (c): Use of Objective Screening Instrument**

The facility utilizes the standardized screening tool outlined in Attachment 2 of SOP 208.06. This tool uses a structured scoring system to assess both vulnerability and potential abusiveness.

Attachment 2, revised June 23, 2022, features 14 scored items—eight assessing vulnerability and six assessing abusiveness—using weighted criteria for objectivity.

#### **Provision (d): Screening Elements**

The screening tool captures a comprehensive profile through a series of indicators, including:

1. History of sexual victimization
2. Age (under 25 or over 60)
3. Low body mass index (BMI <18.5)
4. Developmental, physical, or mental disabilities
5. First-time incarceration
6. LGBTQI+ identity or perceived identity
7. Self-reported prior victimization

8. Safety concerns expressed by the individual
9. Non-violent criminal history
10. Sexual offense history
11. Documented sexually aggressive behavior
12. Prior institutional sexual misconduct
13. Current sexual offense
14. Violent criminal convictions

Note: The Auditor recommends updating Question 4 to use the term mental disability rather than mental illness, in keeping with inclusive and current terminology. While this change must be made at the state policy level, the facility is encouraged to manually update the language on its master documents as an interim measure.

**Provision (e): Review of Behavioral and Criminal History**

Risk assessment staff confirmed that each screening incorporates a review of the individual's institutional behavior, history of sexual or violent offenses, and any relevant PREA-related allegations. Reassessments are initiated in response to significant behavioral or administrative developments.

**Provision (f): 30-Day Reassessment**

Reassessments are conducted for individuals who remain in custody for 30 days or more. Staff interviews and documentation review confirmed full compliance with this requirement.

Out of 573 individuals held beyond 30 days during the audit period, reassessments were completed for 100% of the population, as evidenced by review of 50 records.

**Provision (g): Incident-Driven Reassessment**

Reassessments are also triggered when new risk-related information becomes available. Examples include post-allegation reviews, returns from outside facilities, or behavioral changes.

SOP 208.06, Section D.2.c formally establishes this protocol.

**Provision (h): Voluntary Participation and No Discipline**

The facility does not impose disciplinary consequences on individuals who choose not to answer certain screening questions. Staff are trained to approach these moments with understanding and to revisit the discussion as needed.

SOP 208.06, Section D(23) affirms that refusal to participate in the risk screening process shall not result in any form of punishment.

**Provision (i): Confidentiality and Restricted Access**

Information gathered during the screening process is safeguarded and shared only with personnel directly involved in housing, programming, and classification decisions.

SOP 208.06 explicitly requires that screening data remain confidential and limits

	<p>access to those with a defined operational need-to-know.</p> <p><b><u>CONCLUSIONS</u></b></p> <p>Based on an in-depth review of facility policies, supporting documentation, and interviews with staff and incarcerated individuals, the Auditor concludes that Sumter County Correctional Institution has established and maintained full compliance with PREA Standard §115.41.</p> <p>The facility has implemented a structured, policy-aligned screening system that effectively identifies risk factors for sexual victimization and abusiveness. Timely assessments, reassessments, and incident-driven reviews are consistently performed and appropriately documented. Staff are well-trained, sensitive to the needs of vulnerable populations, and committed to ensuring safety through informed classification and housing decisions.</p> <p>Recommendation:</p> <p>To further improve clarity and inclusivity, the Auditor encourages the institution to revise terminology in the screening tool by replacing the phrase mental illness with mental disability. While such changes must ultimately come from GDC at the state level, local staff can make provisional updates to their working copies to reflect more respectful, person-centered language.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess the facility’s implementation of PREA Standard §115.42 – Use of Screening Information, the Auditor conducted an in-depth review of institutional policies, operational procedures, and supporting documentation. This review was designed to evaluate whether the facility effectively utilizes the information obtained from risk screenings to guide decisions about housing, bed assignments, work details, educational programming, and other placements in a way that protects individuals from sexual abuse.</p> <p>The documentation examined by the Auditor included:</p> <ul style="list-style-type: none"> <li>• The completed Pre-Audit Questionnaire (PAQ) and all related supporting materials submitted in advance of the onsite audit;</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Sumter County Correctional Institution’s Local PREA Policy 208.06, dated</li> </ul>

- February 19, 2019, which reflects localized implementation of the state-level policy;
- GDC SOP 220.09, Classification and Management of Transgender and Intersex Offenders, effective July 26, 2019;
  - GDC PREA SOP related to Standard 115.13, Facility PREA Staffing Plan, effective July 1, 2023.

Together, these policies and supporting records offer a comprehensive picture of the facility’s approach to using screening data to enhance institutional safety, with specific focus on the protection of individuals who may be particularly vulnerable, including those who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

## **INTERVIEWS**

### **PREA Coordinator (PC)**

During the interview, the facility’s PREA Coordinator explained that while an individual’s sex assigned at birth may initially guide classification, all subsequent housing, work, and program assignments are made based on individualized assessments. The Coordinator emphasized the importance of considering a person’s self-identified gender and their perception of safety when determining placements, particularly for transgender and intersex individuals.

These assessments are dynamic, not static. Reassessments are conducted at least every six months, or more frequently if new safety-related concerns arise. The Coordinator also noted that during the classification process, individuals are asked about known enemies or perceived threats, and this information directly informs decisions to reduce risk and avoid harm.

### **Risk Screening Staff**

Staff responsible for administering PREA risk screenings shared that the structured screening tool is just one component of the process. While the tool provides a standardized framework, staff supplement this with meaningful dialogue to better understand each person’s individual risk factors, vulnerabilities, and safety concerns. This personalized approach helps ensure that housing, work assignments, and program participation are not only consistent with policy but also responsive to the lived experiences and expressed needs of each individual.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed that neither the Georgia Department of Corrections nor the facility is operating under any form of legal mandate, such as a consent decree, that requires the segregation of LGBTQ+ individuals. Instead, individuals who identify as lesbian, gay, bisexual, transgender, or intersex are integrated into the general population unless there is a specific, documented reason for a different placement. Placement decisions are made only after a careful evaluation of vulnerability, risk of abuse, and the individual's own perception of safety.

**Transgender or Intersex Residents**

At the time of the onsite audit, there were no individuals housed at the facility who identified as transgender or intersex. Therefore, no interviews were conducted with members of this population during the audit.

**PROVISIONS****Provision (a): Use of Screening Data**

The Auditor confirmed through policy review and staff interviews that the facility actively uses the results of the PREA risk screening to guide a range of placement decisions, including housing, work details, program assignments, and educational access. Importantly, the facility ensures that individuals identified as at high risk of sexual victimization are not housed with those identified as potential aggressors.

**Relevant Policy:** GDC SOP 208.06, Section 4 (p. 24) directs the Warden or Superintendent to designate appropriate housing for those at increased risk. This is reinforced through the use of Attachments 7 (Local PREA Procedure and Response Plan) and 11 (Staffing Plan Template).

Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, affirms this approach.

**Provision (b): Individualized Decision-Making**

All housing and program placement decisions for transgender and intersex individuals are made on a case-by-case basis. These decisions are informed by a range of factors including the individual's input, risk level, past victimization, and overall vulnerability.

**Relevant Policy:** GDC SOP 208.06, Section 5 (pp. 24-25) states that gender-based assignments must be individualized in accordance with SOP 220.09.

Sumter County Correctional Institution's Local Policy 208.06 also reflects this principle.

**Provision (c): Consideration of Management and Security Factors**

Management and security concerns are evaluated for each transgender or intersex individual during the classification process. Staff interviews confirmed that each case is reviewed holistically, including behavioral history, medical and mental health considerations, and known risks.

**Relevant Policy:** GDC SOP 220.09 outlines this process, with Sections IV.8 through IV.10 describing how classification and diagnostic staff work in consultation with the PREA Unit to assess placements. The resulting determinations are documented in the Transgender and Intersex Offender List (TIOL).

Local Policy 208.06 reiterates that gender identity alone is not a reason for segregation and that individuals' safety perceptions are essential to placement decisions.

**Provision (d): Reassessment of Placement**

Transgender and intersex individuals are reassessed at least every six months, or sooner if concerns arise. This ensures that housing and program placements remain



appropriate as circumstances evolve.

**Relevant Policy:** GDC SOP 208.06 mandates regular reassessment, and Sumter County's local policy aligns with this requirement.

**Provision (e): Consideration of Resident Views**

Though no transgender or intersex individuals were housed at the facility at the time of the audit, staff recounted previous instances where residents' own views of safety significantly influenced housing and program decisions. The facility encourages open communication and values resident input as a key factor in safe placement.

**Relevant Policy:** GDC SOP 220.09 requires staff to consider and document individuals' personal safety concerns.

Local Policy 208.06 supports this individualized and person-centered approach.

**Provision (f): Shower Access and Privacy**

The facility ensures that transgender and intersex individuals are given the opportunity to shower separately from others, either through private stalls or scheduled access. While no individuals requiring these accommodations were present during the audit, staff confirmed that these options are available and that past residents had been satisfied with the arrangements.

**Relevant Policy:** GDC SOP 220.09 requires separate shower opportunities upon request, and this is reflected in the institution's local PREA policy.

**Provision (g): No Segregation Based on Identity**

The facility affirmed that no individual is housed separately based solely on sexual orientation, gender identity, or gender nonconformity. Separate housing placements are considered only when justified by documented safety concerns or a court mandate, neither of which currently exist at the facility.

**Relevant Policy:** GDC SOP 220.09 prohibits the automatic segregation of LGBTQI+ individuals. Sumter County Correctional Institution follows this directive in its local implementation policy dated February 19, 2019.

**CONCLUSION**

Following a comprehensive review of institutional policies, documentation, and interviews with key staff, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.42 – Use of Screening Information.

The facility has developed and implemented a classification system that is both policy-driven and individualized. Screening information is effectively used to support safe housing and program placements, and procedures are in place to protect individuals with heightened vulnerabilities. Staff consistently demonstrated a strong understanding of PREA requirements and a commitment to respectful, safety-focused decision-making that centers on dignity and inclusion.

While no transgender or intersex individuals were in custody during the audit period, past practices, institutional readiness, and staff responses indicate that the facility is

	prepared to meet the needs of this population in accordance with PREA standards.
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate Sumter County Correctional Institution’s compliance with PREA Standard §115.43 – Protective Custody, the Auditor conducted a comprehensive review of the facility’s governing policies, procedures, and operational records. This review was specifically focused on how the institution addresses situations where individuals are considered at risk of sexual victimization and how it ensures their safety without unnecessary reliance on segregated housing.</p> <p>Key documents examined included:</p> <ul style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ), which provided detailed information on the use of segregated housing in response to PREA-related concerns;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Sumter County Correctional Institution’s Local Policy 208.06, dated February 19, 2019, which reflects the facility’s localized implementation of state-level PREA standards.</li> </ul> <p>These materials collectively outline the criteria, procedures, and safeguards used to determine whether an individual should be temporarily housed in segregated housing due to safety concerns, as well as the protections afforded to individuals placed in such housing. The policies demonstrate a deliberate effort to avoid involuntary segregation unless absolutely necessary and to ensure that rights, privileges, and access to services are maintained to the fullest extent possible.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the onsite audit, the Facility Head affirmed that any use of segregated housing—whether for administrative, disciplinary, or protective purposes—is carefully reviewed, documented, and tracked. The Facility Head underscored that involuntary protective custody is only used as a last resort, when no viable alternatives exist to protect an individual from harm. Additionally, all such placements are formally reviewed at least every 30 days to determine whether continued segregation is</p>

necessary or if less restrictive housing options have become available.

#### **Staff Assigned to Segregated Housing Units**

Correctional staff responsible for supervising individuals in segregated housing reported that there had been no placements over the past year involving individuals housed due to their risk of sexual victimization or in retaliation for reporting sexual abuse. Staff confirmed that all current segregation placements were for non-PREA-related reasons, such as disciplinary infractions or administrative holds. They also noted that should a PREA-related protective placement occur, the same policies of documentation and oversight would apply.

#### **Individuals Housed in Segregation**

At the time of the onsite visit, no individuals were assigned to segregated housing for protective reasons related to PREA. All current segregation placements were unrelated to sexual abuse concerns, and no one had been placed in such housing due to their vulnerability or for having reported sexual victimization.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager corroborated that, during the 12-month period leading up to the audit, there were no instances in which an individual was placed in involuntary segregated housing due to being at risk of sexual abuse or for reporting such abuse. The PCM confirmed that if such a need had arisen, protective housing would have been considered only after all other alternatives had been exhausted.

### **PROVISIONS**

#### **Provision (a): Limited Use of Involuntary Segregation**

Both policy and practice at the facility emphasize that involuntary segregated housing is to be used sparingly and only when necessary to ensure immediate safety. According to the PAQ and verified during interviews, there was one instance within the past year where a person was temporarily placed in involuntary protective housing. This action was taken after all other available housing alternatives had been reviewed and deemed unsuitable. The placement was short-term, and the individual was no longer in custody at the time of the audit, so an interview was not possible.

#### **Relevant Policy:**

GDC SOP 208.06, Section D.8 (p. 25), explicitly prohibits the use of segregated housing solely on the basis of risk status unless no other safe housing exists. Temporary protective placements may not exceed 24 hours unless approved through formal review and justification is documented in SCRIBE.

The policy requires that individuals placed in segregated housing retain access to services and privileges in line with SOP 209.06, with any exceptions thoroughly documented.

Reviews of protective custody placements must occur at least every 30 days to ensure continued necessity.

#### **Local Policy:**

Sumter County Correctional Institution's Local Operating Procedures fully mirror these requirements, reinforcing the intent to use protective custody sparingly and only with appropriate oversight.

**Provision (b): Continued Access to Programs and Privileges**

The facility has clearly established that individuals placed in involuntary segregated housing for protective reasons must retain access to educational programming, work assignments, and facility services to the extent possible. If any privileges or services must be limited due to safety concerns, those restrictions must be justified in writing.

Over the past year, there were no cases requiring the implementation of protective custody for PREA-related concerns. Therefore, no instances of limited access to programs or services were documented or reviewed.

**Relevant Policy:**

SOP 208.06 mandates that individuals in protective housing retain access to facility programs unless security concerns require temporary restrictions. Any such limitations must be fully documented, including the reason, duration, and efforts to minimize the impact.

**Local Policy:**

Sumter County Correctional Institution's local policy reiterates this requirement, promoting transparency and continuity of services for individuals in protective status.

**Provision (c): Time Limits on Protective Segregation**

The Auditor confirmed that no individual identified as being at risk of sexual abuse had remained in segregated housing for longer than 30 days within the past year. The one protective custody case cited was of brief duration, and efforts to secure alternative housing were documented.

**Relevant Policy:**

SOP 208.06, Section D.8, specifies that protective placements should not exceed 30 days. During this time, staff must actively pursue appropriate alternative housing options and document all efforts and updates in SCRIBE.

**Local Policy:**

The facility's local policy is fully aligned with the state standard.

**Provision (d): Weekly and 30-Day Reviews**

Facility records and staff interviews confirmed that no individuals were housed in protective custody for extended periods. Therefore, no weekly or 30-day reviews specific to PREA-related placements were required. Nonetheless, the facility maintains mechanisms to ensure that if such placements occur, status reviews and reassessments are conducted on schedule.

**Relevant Policy:**

SOP 208.06 requires that the status of any individual placed in the Restrictive Housing Unit (RHU) for sexual vulnerability be reviewed weekly and formally reassessed at least every seven days. Thirty-day reviews must re-evaluate the

	<p>necessity of continued segregation and ensure that no alternative housing options have been overlooked.</p> <p><b>Provision (e): Thirty-Day Protective Custody Reviews</b></p> <p>As reported in the PAQ and confirmed during interviews, no individuals were placed in protective segregation for sexual abuse-related reasons during the 12 months prior to the audit. Consequently, no 30-day reviews were triggered for this purpose.</p> <p><b>Relevant Policy:</b></p> <p>SOP 208.06 (Section D.8.d, p. 25) mandates that a formal, documented review must take place every 30 days for anyone placed in protective custody. These reviews must assess whether the continued placement is still necessary and whether less restrictive alternatives exist.</p> <p><b>Local Policy:</b></p> <p>Sumter County Correctional Institution's Local Policy 208.06 reflects this requirement in full, ensuring consistency between state and local practice.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a detailed review of facility policies, operational documentation, and interviews with staff across multiple roles, the Auditor concludes that Sumter County Correctional Institution is fully compliant with PREA Standard §115.43 – Protective Custody.</p> <p>The facility has established a clear, well-documented approach that prioritizes the safety of vulnerable individuals while avoiding unnecessary use of segregated housing. The institution has demonstrated its commitment to using protective custody only as a last resort, ensuring that placements are temporary, well-justified, and thoroughly reviewed. Safeguards are in place to maintain access to programming and services, and to ensure individual rights are protected.</p> <p>Even in the absence of recent protective custody placements related to PREA, the facility's readiness, policies, and staff awareness reflect a proactive culture that aligns with the intent and requirements of the standard. Documentation procedures, review timelines, and accountability mechanisms are robust and reinforce a strong institutional commitment to safety, dignity, and compliance.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>MATERIAL REVIEW</u></b>

To determine the facility's adherence to the requirements outlined in PREA Standard §115.51 – Inmate Reporting, the Auditor conducted a comprehensive review of all relevant policies, procedures, and materials provided in advance of and during the onsite audit. This in-depth evaluation centered on the facility's methods for ensuring that individuals in custody are afforded multiple, confidential avenues to report incidents of sexual abuse, sexual harassment, retaliation, or staff misconduct.

Among the key documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which became effective on June 23, 2022. This cornerstone policy establishes the overarching guidelines for reporting, preventing, and responding to incidents of sexual misconduct across all state-operated correctional facilities.

The 2024 Offender Handbook was also reviewed in detail. This updated handbook outlines the rights of individuals in custody and provides a step-by-step overview of how to report incidents of sexual abuse or harassment, offering critical guidance in a clear and accessible format.

Additionally, the Auditor examined the Offender PREA Brochures, made available in both English and Spanish, which serve as supplemental educational materials. These brochures clearly explain reporting procedures, reinforce zero-tolerance messaging, and provide contact information for internal and external resources, thus supporting individuals with diverse language needs.

Equally important was the review of the Staff Guide on the Prevention and Reporting of Sexual Misconduct with Offenders, which outlines the expectations and obligations of staff. This guide serves as both a training reference and an operational tool, reinforcing the responsibility of all personnel to act professionally and report incidents without delay.

Lastly, the Auditor reviewed the facility's Local Policy 208.06, dated February 19, 2019, which reflects Sumter County Correctional Institution's localized implementation of the statewide PREA framework. This policy ensures consistency with GDC standards while also tailoring reporting processes to the specific operational structure of the facility.

### **OBSERVATIONS**

During the onsite visit, the Auditor observed a facility-wide emphasis on transparency and awareness regarding sexual safety and reporting. PREA-related information was prominently displayed throughout the institution. Large, clearly printed PREA posters, available in English and Spanish, were strategically placed in all housing units, dayrooms, intake and medical areas, administrative corridors, and the dining hall. These materials were mounted at eye level to ensure visibility and understanding among individuals of varying heights and abilities.

Beyond standard informational signage, the facility incorporated murals and motivational typography on its interior walls to reinforce a culture of zero tolerance

for sexual misconduct. These visual messages helped cultivate an environment where safety, respect, and personal dignity are priorities.

The Auditor also inspected inmate telephone systems in several housing units. All phones were fully operational and clearly labeled with instructions for accessing the dedicated PREA hotline (\*7732), which can be dialed confidentially and without a PIN. This ensured that every person in custody had ready access to a secure, confidential reporting option.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The facility's PCM provided a comprehensive overview of the reporting avenues available to individuals in custody. The PCM emphasized that all individuals receive clear and repeated instruction on how to report sexual abuse, harassment, or retaliation. Options include verbal reports to any staff member, written correspondence, third-party reports (e.g., from family members), and confidential communication with external agencies such as the State Board of Pardons and Paroles – Office of Victim Services. These reporting channels are accessible, confidential, and introduced during orientation and reiterated throughout incarceration.

### **Staff Interviews**

Randomly selected staff demonstrated strong familiarity with PREA reporting requirements. Staff were able to identify multiple internal and external avenues available to individuals in custody, including verbal disclosures, written reports, use of the PREA hotline, and third-party reports. All staff affirmed their obligation to act immediately upon receiving any report, regardless of the method, and explained the proper steps for documenting and forwarding allegations. Staff also expressed confidence in maintaining confidentiality and adhering to protocol.

### **Inmate Interviews**

Interviews with randomly selected individuals in custody confirmed that the facility's PREA education efforts have been effective. Interviewees accurately described the various ways they could report abuse, including telling a staff member, using the hotline, writing a grievance or letter, or asking a family member to make a report. Several expressed that they would feel comfortable approaching the PREA Compliance Manager directly if needed. Responses indicated a high level of awareness and understanding of their reporting rights and options.

## **PROVISIONS**

### **Provision (a): Internal Reporting Methods**

The facility provides multiple confidential internal methods for individuals to report sexual abuse, harassment, retaliation, or staff negligence. These include:

- Dialing 7732 (PREA) from any inmate phone without needing a PIN;

- Verbally informing any staff member;
- Submitting written reports, grievances, or letters to the Statewide PREA Coordinator;
- Requesting help from the Ombudsman or the Director of Victim Services;
- Making anonymous or third-party reports.

**Relevant Policy:**

GDC SOP 208.06, Section E.1.a-b (p. 26), affirms the availability and confidentiality of these internal reporting methods. It also specifies that the PREA hotline is monitored by the Office of Professional Standards, under the oversight of the PREA Coordinator or a designated official. The Sumter County Correctional Institution Local Policy 208.06 mirrors these guidelines in its facility-specific directives.

**Provision (b): External Reporting Mechanisms**

The facility ensures that at least one reporting mechanism is available through an external organization not affiliated with facility management. Individuals are informed that they may report to the State Board of Pardons and Paroles – Office of Victim Services, an independent entity capable of receiving confidential reports outside the agency’s chain of command.

**External Contacts Include:**

**Ombudsman’s Office**

P.O. Box 1529, Forsyth, GA 31029 | Phone: 478-992-5358

**GDC PREA Coordinator (Email):** PREA.report@gdc.ga.gov

**State Board of Pardons and Paroles** – Office of Victim Services, Atlanta, GA

**Relevant Policy:**

GDC SOP 208.06, Section E.2.a.i-iii (p. 27), lists these options and confirms their availability. While the Ombudsman and PREA Coordinator are within GDC, the Office of Victim Services operates independently. Additionally, the facility reported that it does not house individuals solely for immigration-related detention.

**Provision (c): Staff Reporting Protocols**

Staff are trained and required to report any allegation of sexual abuse or harassment immediately, regardless of whether the report was verbal, written, anonymous, or made by a third party.

**Relevant Policy:**

GDC SOP 208.06, Section E.2.b (p. 27), mandates prompt reporting by staff and emphasizes the obligation to forward reports without delay. The local facility policy, dated February 19, 2019, reinforces this directive and ensures it is applied at the operational level.

**Provision (d): Staff Reporting Options**



	<p>Staff also have confidential channels through which they can report suspected or confirmed sexual misconduct. These include direct communication with supervisors or reporting to designated Sexual Abuse Response Team (SART) members.</p> <p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06, Section E.2.c (p. 27), clearly outlines these options and the procedures for initiating staff reports. These expectations are further supported by Sumter County Correctional Institution’s Local Policy 208.06 and the Staff Guide on Prevention and Reporting of Sexual Misconduct, which details appropriate actions staff must take when responding to or witnessing misconduct.</p> <p><b><u>CONCLUSION</u></b></p> <p>After thoroughly examining facility policies, documentation, observations, and interviews with staff and individuals in custody, the Auditor finds Sumter County Correctional Institution to be in full compliance with PREA Standard §115.51 – Inmate Reporting.</p> <p>The institution has developed and implemented a robust, multi-channel reporting system that prioritizes accessibility, confidentiality, and responsiveness. Staff are well-trained, reporting methods are clearly communicated, and educational materials are widely visible and linguistically inclusive. Interviews confirmed a shared understanding of procedures and a supportive culture that encourages reporting without fear of retaliation.</p> <p>Collectively, these efforts foster an institutional climate grounded in safety, respect, and accountability—one in which all individuals are empowered to speak out and know that their voices will be heard and acted upon appropriately.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the facility’s compliance assessment with PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor conducted a detailed and methodical examination of the Pre-Audit Questionnaire (PAQ) and all supplemental documentation submitted by the facility. The objective of this review was to determine how the institution distinguishes between general grievances and reports of sexual abuse or sexual harassment, and whether proper protocols are in place to ensure such allegations are addressed outside of the standard grievance process.</p> <p>A central policy document reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act</p>

(PREA) Sexually Abusive Behavior Prevention and Intervention Program. This SOP, effective June 23, 2022, outlines the statewide procedures for preventing, detecting, reporting, and responding to incidents of sexual misconduct. Notably, it clearly defines the process by which reports of sexual abuse and harassment are exempt from the routine inmate grievance system.

In conjunction with the statewide directive, the Auditor examined the Sumter County Correctional Institution's local PREA Policy 208.06, originally issued February 19, 2019.. This local policy closely mirrors GDC's SOP 208.06 but also incorporates facility-specific operational details to ensure consistency in practice and application within the local context.

These policy documents make clear distinctions between general inmate complaints and serious allegations of sexual misconduct. They mandate that any report involving sexual abuse or harassment bypasses the administrative grievance process and is instead treated as a formal, investigatory matter subject to immediate review and action by trained personnel or designated oversight authorities.

## **INTERVIEWS**

### **Staff Interviews**

During both individual and small-group interviews conducted onsite, facility staff consistently conveyed a clear understanding of the distinction between grievances and reports of sexual abuse or harassment. Staff members reported that allegations of sexual misconduct are categorically excluded from the general inmate grievance process. They emphasized that when such an allegation is submitted using a grievance form—intentionally or unintentionally—it is immediately removed from the standard administrative track and instead referred directly to the proper investigative channels, in alignment with GDC policy.

Staff articulated this process confidently, describing it as a well-established practice rooted in both training and daily operational procedures. They also indicated that these protocols are widely communicated and reinforced among staff and are reviewed regularly during PREA-related briefings and training events.

### **Inmate Interviews**

Randomly selected individuals in custody also demonstrated a strong understanding of the reporting structure. Participants in both formal interviews and informal conversations confirmed that reports of sexual abuse or harassment are not handled through the grievance system. Instead, they described alternative reporting options that are readily available to them—such as speaking directly with staff, submitting written reports, utilizing the PREA hotline, or contacting outside oversight agencies. Their responses reflected confidence that these reports are treated seriously and addressed promptly through proper channels.

## **PROVISIONS**

**Provision (a): Exemption from the Grievance Process**

The information contained in the PAQ, corroborated by staff and inmate interviews, confirms that the facility does not process allegations of sexual abuse or harassment through the standard inmate grievance system. In cases where such allegations are submitted in the form of a grievance, the matter is immediately redirected and treated as a formal PREA report.

Rather than being subjected to timeframes, stages, or appeal procedures typically associated with administrative grievances, these reports are referred to designated PREA investigative staff, in accordance with agency policy. This streamlined and urgent response protocol reflects a commitment to ensuring the safety of individuals in custody while facilitating immediate intervention when needed.

**Relevant Policy Citation:**

GDC SOP 208.06 (Section E, Item 3, p. 27) explicitly states that allegations of sexual abuse and sexual harassment are not considered grievable matters. The SOP directs that such reports must be submitted and handled through other designated mechanisms, including but not limited to:

- Verbal disclosure to staff;
- Use of the confidential PREA hotline;
- Written notification submitted directly to the Statewide PREA Coordinator;
- Communication with external entities such as the Office of Victim Services or the State Board of Pardons and Paroles.

Sumter County Correctional Institution's Local PREA Policy 208.06, dated February 19, 2019, aligns fully with this guidance, ensuring local consistency in both language and implementation.

**Provisions (b) through (g): Not Applicable**

Because allegations of sexual abuse and harassment are not handled through the standard grievance process, the requirements outlined in subsections (b) through (g) of PREA Standard §115.52 do not apply to this facility's procedures. These provisions generally pertain to timelines, limitations, and appeals associated with the grievance process—which are not relevant for non-grievable matters such as PREA allegations.

**CONCLUSION**

Based on a thorough review of governing policies, facility-level documentation, and comprehensive interviews with both staff and individuals in custody, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The facility has clearly and effectively distinguished PREA-related allegations from general inmate grievances. Allegations of sexual abuse or harassment are not subject to administrative remedies but are instead handled as formal reports under specialized investigative protocols. This distinction ensures a prompt and confidential response process while reinforcing the facility's obligation to protect the safety,

	<p>dignity, and rights of every person in its custody.</p> <p>By implementing strong policies, conducting ongoing staff training, and maintaining clear communication with those in custody, the institution demonstrates a culture of responsiveness and accountability that aligns with the intent and expectations of the Prison Rape Elimination Act.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate the facility’s compliance with PREA Standard §115.53—Inmate Access to Outside Confidential Support Services—the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all related policy documents, educational materials, and contractual agreements submitted prior to and during the on-site audit.</p> <p>Among the core documents reviewed was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. This SOP outlines comprehensive statewide procedures for preventing and responding to sexual abuse and harassment, including guidance for ensuring incarcerated individuals have access to emotional support from qualified external sources.</p> <p>The Auditor also examined the Sumter County Correctional Institution’s Local Policy 208.06, dated February 19, 2019, which reinforces GDC’s guidance while including facility-specific protocols tailored to the needs of this institution.</p> <p>Crucially, a Memorandum of Understanding (MOU) between the facility and the Lily Pad SANE Center was reviewed and verified. This agreement formalizes the provision of confidential, trauma-informed advocacy services to individuals in custody who are survivors of sexual abuse.</p> <p>Additional documents reviewed included:</p> <ul style="list-style-type: none"> <li>• An undated PREA Information Brochure issued to all new arrivals;</li> <li>• A facility-wide “Reporting is the First Step” awareness poster;</li> <li>• Informational posters listing telephone numbers and mailing addresses for external confidential support agencies;</li> <li>• The Inmate Intake Orientation Packet, which provides guidance on PREA-related rights, responsibilities, and access to outside support resources.</li> </ul> <p>These materials collectively establish a strong foundation for facilitating confidential</p>

emotional support and advocacy for survivors of sexual abuse.

### **OBSERVATIONS**

During the onsite assessment, the Auditor observed that the facility had made deliberate and visible efforts to ensure individuals in custody are aware of, and able to access, outside support services related to sexual abuse prevention and response.

PREA-related materials were prominently displayed throughout the institution, including in housing units, intake and release areas, dayrooms, visitation corridors, and medical spaces. Posters and brochures were printed in both English and Spanish and presented in a large, easy-to-read font. Materials clearly explained how to access both internal reporting channels and external victim advocacy services, including toll-free hotlines and mailing addresses.

In addition, instructions for contacting the Lily Pad SANE Center were posted near all inmate telephones. The Auditor conducted operational checks on these telephones in several housing areas and found all units to be in working order. As part of the assessment, the Auditor placed a test call to the Lily Pad SANE Center using the hotline. The call was answered promptly by a live advocate who confirmed that the service was confidential, free of charge, and did not require the caller to provide any identifying information. This verified that the external hotline is both functional and anonymous, as required by PREA standards.

### **INTERVIEWS**

#### **Incarcerated Individuals**

Interviews with randomly selected individuals in custody confirmed a broad understanding of their right to contact outside victim support services. All interviewees acknowledged receiving the contact information for the Lily Pad SANE Center, and several recalled seeing posted materials with the hotline number and mailing address. Incarcerated individuals reported feeling confident that calls made to the support line would be kept confidential and noted that they were informed of the limits of confidentiality, including mandatory reporting in cases involving threats to safety, harm to vulnerable individuals, or disclosure of certain criminal acts.

#### **PREA Compliance Manager (PCM)**

The PCM explained that during the intake process, all individuals are provided with both verbal and written information about their rights under PREA, including how to contact external confidential support providers. The PCM emphasized that this information is reinforced through brochures, posters, and orientation packets, and confirmed the existence of an active, signed MOU with the Lily Pad SANE Center. The PCM described the services offered by the center as comprehensive, trauma-informed, and readily accessible.

#### **Intermediate or Higher-Level Staff**

Staff at supervisory levels affirmed that daily checks are conducted to ensure the functionality of inmate telephone systems, including those used to contact PREA-related hotlines. These checks are part of broader operational routines designed to

maintain uninterrupted access to all critical communications resources. Staff were knowledgeable about the facility's partnership with the Lily Pad SANE Center and understood their responsibility to ensure individuals in custody could reach out for confidential support without barriers.

## **PROVISIONS**

### **Provision (a): Access to External Support Services**

The facility has established a formalized partnership with the Lily Pad SANE Center, a qualified outside organization providing confidential, emotional, and crisis support to survivors of sexual abuse. The Auditor reviewed the signed Memorandum of Understanding, which outlines the following core services:

- A 24-hour toll-free hotline and secure mailing address for confidential communications;
- Crisis intervention, emotional support, and information/referrals;
- Accompaniment and advocacy during forensic medical examinations;
- Sexual Assault Nurse Examiner (SANE) services as needed;
- Services accessible to individuals with Limited English Proficiency (LEP) and disabilities;
- Educational materials provided during orientation and displayed throughout the facility;
- Support for incarcerated individuals and, when appropriate, their family members.

The facility demonstrated full implementation of these services through posted materials, policy documentation, and confirmed accessibility via telephone.

### **Relevant Policy Citation:**

GDC SOP 208.06, Section B.e (p. 17), mandates that the facility establish a relationship with a local rape crisis center or, if one is unavailable, document efforts and identify trained staff to serve in this role. Information regarding access to these services must be communicated clearly to all individuals in custody. Sumter County Correctional Institution's Local Policy 208.06 echoes this requirement and aligns with the state policy in both intent and practice.

### **Provision (b): Notification of Confidentiality Limits**

In accordance with PREA standards, the facility ensures that all incarcerated individuals are informed about the scope and limits of confidentiality when speaking with outside victim advocates. These limits—such as mandatory reporting in cases of imminent danger or criminal disclosures—are clearly communicated through intake education, posted materials, and by the advocates themselves.

During interviews, individuals confirmed they had been made aware of these limitations and understood the context in which their information might be shared with authorities.

	<p><b>Relevant Policy Citation:</b> GDC SOP 208.06, Section B.f (p. 18), stipulates that all external victim advocates are subject to volunteer or contractor screening and must understand and respect the boundaries of their role, including compliance with safety and security protocols. The local PREA policy dated February 19, 2019, supports and reinforces this standard.</p> <p><b>Provision (c): Formal Agreement with Victim Advocacy Agency</b> As confirmed through the document review and interviews, Sumter County Correctional Institution has an active and signed Memorandum of Understanding with the Lily Pad SANE Center. The MOU delineates the full scope of services provided, the confidential nature of support, and procedures for involvement during investigations and medical response.</p> <p>The Auditor found that this agreement is well-understood by staff and effectively communicated to the inmate population.</p> <p><b><u>CONCLUSION</u></b> Based on a comprehensive review of documentation, direct observation of facility practices, and interviews with both staff and individuals in custody, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.</p> <p>The facility has built a robust and trauma-informed support system that allows incarcerated individuals to reach out confidentially to a trusted external advocacy provider. The partnership with the Lily Pad SANE Center is active, accessible, and thoroughly integrated into the facility’s operations and education practices. Inmates are clearly informed of their rights, the availability of services, and the scope of confidentiality protections.</p> <p>By fostering transparency, maintaining clear communication pathways, and prioritizing survivor-centered care, the facility demonstrates a strong and proactive commitment to the emotional safety and dignity of every person in its custody.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the assessment of compliance with PREA Standard §115.54 – Third-Party Reporting, the Auditor conducted a thorough review of relevant policies, educational materials, public-facing resources, and supporting documentation submitted by the facility prior to and during the onsite audit. This examination focused on the</p>

accessibility and effectiveness of systems that allow individuals outside the correctional system to report incidents of sexual abuse or harassment on behalf of those in custody.

Key documents reviewed included:

- The Pre-Audit Questionnaire (PAQ) and corresponding attachments;
- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;
- The Sumter County Correctional Institution's Local PREA Policy 208.06, dated February 19, 2019, which reflects facility-level application of the statewide SOP;
- The undated GDC PREA Offender Brochure, which outlines core PREA information for individuals in custody, including third-party reporting channels;
- The GDC's official PREA webpage, which provides public access to reporting instructions, complaint mechanisms, and contact information: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>;
- The Sumter County Correctional Institution's website, which mirrors and reinforces this information, including detailed guidance on how third parties may submit reports: <https://www.sumtercountyga.us/85/Correctional-Institute>.

Together, these documents illustrate a proactive and transparent approach to third-party reporting, demonstrating the agency's and facility's commitment to public accountability and survivor-centered practices. The availability of multiple reporting methods, both online and offline, ensures that friends, family members, legal representatives, advocacy organizations, and other concerned individuals can report sexual abuse or harassment confidentially, safely, and without fear of reprisal.

## **INTERVIEWS**

### **Incarcerated Individuals**

During interviews with a random sample of individuals in custody, the Auditor found that each participant was knowledgeable about the right to report sexual abuse or harassment through third-party sources. Interviewees were able to accurately describe who could act as a third-party reporter—including family members, friends, attorneys, religious leaders, and victim advocacy organizations.

Individuals recalled receiving this information during their intake orientation and through various PREA educational materials distributed throughout the facility. They also noted that the topic is reinforced through signage and brochures posted in housing units and other common areas. Most importantly, they expressed confidence in the facility's willingness to accept and act on third-party reports, stating that such mechanisms are viewed as legitimate and useful.

This feedback affirmed that Sumter County Correctional Institution effectively



educates its population about the role and value of third-party reporting in the context of sexual safety and institutional accountability.

## **PROVISIONS**

### **Provision (a): Accessibility of Third-Party Reporting**

The PAQ responses, documentation review, and interviews with incarcerated individuals confirmed that the facility provides multiple clearly communicated options for third parties to report allegations of sexual abuse or harassment. These options are accessible to external individuals—including family members, community advocates, attorneys, and clergy—who wish to raise concerns on behalf of someone in custody.

Mechanisms for third-party reporting include:

- Submitting concerns via the GDC Ombudsman’s Office;
- Emailing the GDC PREA Coordinator;
- Contacting the State Board of Pardons and Paroles – Office of Victim Services;
- Accessing third-party complaint portals on both the GDC website and the Sumter County Correctional Institution’s website.
- Educational brochures and online resources offer clear, step-by-step instructions for filing complaints, and provide mailing addresses, email contacts, and phone numbers.

These materials emphasize the confidentiality of the reporting process and the facility’s obligation to respond promptly and appropriately.

### **Public Reporting Contact Example:**

- **GDC Ombudsman’s Office**  
P.O. Box 1529, Forsyth, GA 31029  
Phone: 478-992-5358
- **PREA Coordinator**  
Email: [PREA.report@gdc.ga.gov](mailto:PREA.report@gdc.ga.gov)
- **State Board of Pardons and Paroles – Office of Victim Services**  
2 Martin Luther King Jr. Drive, S.E.  
East Tower, Balcony Level  
Atlanta, GA 30334

These resources are not only available on the state agency’s public platform but are also duplicated on the facility’s website to ensure consistency and broaden visibility for anyone seeking to file a third-party report.

## **RELEVANT POLICY**

GDC SOP 208.06 (pages 26–27, Section E.2.a.i–iii) provides comprehensive guidance on third-party reporting. The policy mandates that individuals not housed within the

	<p>facility—including outside family members, advocates, or legal representatives—be given avenues to file PREA-related reports confidentially. The SOP encourages the dissemination of this information via facility handbooks, orientation materials, posters, and web-based portals.</p> <p>The Sumter County Correctional Institution’s Local Policy 208.06 fully aligns with and reinforces the state’s directives. It ensures local implementation of these procedures and reaffirms the facility’s role in facilitating secure communication between the public and institutional authorities in matters concerning sexual safety.</p> <p>During the audit, all individuals interviewed were aware of third-party reporting options, which highlights the facility’s effectiveness in education, policy implementation, and procedural transparency.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on the documentation reviewed, interviews conducted, and direct observation of informational postings and resources, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.54 – Third-Party Reporting.</p> <p>The facility and the broader Georgia Department of Corrections have taken a multi-faceted, inclusive approach to ensure that third-party individuals can report concerns of sexual abuse and harassment confidently and without restriction. Multiple communication pathways—ranging from hotline numbers and mailing addresses to digital portals and in-person reporting—are actively maintained and publicly promoted.</p> <p>Individuals in custody are consistently informed about these resources, and interviews confirmed that they understand how and when a third party may intervene on their behalf. This approach not only meets but exceeds the minimum expectations of the standard by fostering a culture of openness, safety, and survivor support.</p> <p>Through its policies, public transparency, and survivor-centered practices, the facility upholds the intent of the PREA standard, reinforcing its commitment to ensuring that every voice—whether inside or outside the facility—has a safe and effective way to be heard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>In assessing the facility’s compliance with PREA Standard §115.61—Staff and Agency</p>

Reporting Duties—the Auditor conducted a thorough examination of institutional policies, internal procedures, and documentation submitted both before and during the onsite audit. This assessment aimed to determine whether all staff understand and consistently fulfill their responsibilities in reporting knowledge, suspicion, or allegations of sexual abuse, sexual harassment, retaliation, or staff negligence.

The document review began with a comprehensive analysis of the Pre-Audit Questionnaire (PAQ), which outlined the facility’s reporting framework and operational practices. Central to this review was the Georgia Department of Corrections’ (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, most recently revised on June 23, 2022. This SOP provides statewide guidance on prevention, detection, response, and investigation of incidents involving sexual misconduct in GDC-operated facilities, and clearly delineates mandatory reporting requirements for all levels of staff.

Complementing this was a review of Sumter County Correctional Institution’s Local PREA Policy 208.06, dated February 19, 2019. While aligned with the GDC SOP, the local policy reflects site-specific adaptations, addressing facility staffing structure, reporting lines, and internal communication practices. Both documents underscore the agency’s zero-tolerance stance and emphasize the importance of timely, confidential, and appropriate responses to all PREA-related concerns.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager conveyed a deep understanding of the facility’s obligations under the PREA standard. During the interview, the PCM affirmed that all reports of sexual abuse or sexual harassment—regardless of whether the report comes from an individual in custody, a staff member, a third party, or an anonymous source—are treated with urgency and seriousness. The PCM explained that each report is forwarded immediately to the facility’s designated investigator or a member of the Sexual Assault Response Team (SART), and that this protocol is strictly adhered to. The PCM emphasized the facility’s culture of compliance, where prompt action, survivor safety, and confidentiality are paramount. Allegations of retaliation or staff negligence in relation to PREA matters are handled with equal vigilance.

### **Medical Staff**

Health services personnel demonstrated strong familiarity with their legal and ethical responsibilities under PREA and Georgia’s mandated reporting laws. Interviewed staff confirmed that at the initiation of any clinical contact, individuals are informed of the limits of confidentiality and made aware that any disclosure involving sexual abuse must be reported to appropriate authorities. Medical personnel described the process for reporting such disclosures and emphasized their role in offering immediate physical care and emotional support in a trauma-informed, victim-centered manner. Their responses reflected consistent training and clear understanding of both policy and best practices.

**Facility Head or Designee**

The Facility Head, or their designee, affirmed their direct involvement in enforcing PREA-related reporting policies and emphasized that any knowledge or allegation of sexual abuse or harassment is acted upon immediately. The Facility Head discussed systems in place to reinforce staff awareness of reporting requirements, including training, supervision, and communication. They also acknowledged their duty to ensure staff are held accountable for any failure to report or protect individuals from retaliation. Their leadership approach reflected a proactive commitment to fostering institutional transparency, safety, and accountability.

**Random Staff**

Randomly selected staff were able to clearly and confidently explain their reporting responsibilities under PREA. Each staff member interviewed acknowledged the requirement to immediately report any incident, suspicion, or allegation of sexual abuse, harassment, or retaliation to their supervisor and to the PREA Compliance Manager. They described the steps taken to preserve confidentiality and safeguard the dignity of the individual involved. Staff consistently indicated that only authorized personnel—such as medical professionals, investigators, or supervisors—are privy to sensitive information, and they demonstrated knowledge of both internal reporting procedures and external notification protocols when appropriate.

**PROVISIONS REVIEW****Provision (a): Immediate Reporting Requirements**

The facility mandates that any staff member who becomes aware of, suspects, or receives a report of sexual abuse, sexual harassment, retaliation, or staff misconduct must report it immediately. Interviews with staff and review of documentation confirm that this obligation is universally understood and followed.

**Policy Reference:**

GDC SOP 208.06, Section E.2.c (p. 27), requires immediate reporting to either the staff member's supervisor or to a designated SART member. The Sumter County Correctional Institution's Local Policy 208.06 aligns with this directive, emphasizing timely communication and action in response to any allegation.

**Provision (b): Confidentiality of Reports**

Staff are required to safeguard the confidentiality of sexual abuse or harassment reports. Information is disclosed only to personnel with a legitimate operational, medical, investigative, or administrative need to know.

**Policy Reference:**

GDC SOP 208.06, Section 3, NOTE (p. 24), articulates this expectation. Staff interviews consistently confirmed understanding and adherence to this provision. The facility's local policy reinforces these requirements and ensures alignment with statewide standards.

**Provision (c): Informing Individuals About Confidentiality Limits**

Medical staff confirmed that individuals under their care are informed—at the outset of services—about the limitations of medical confidentiality in relation to PREA. This early disclosure ensures transparency and allows individuals to make informed choices about what they choose to share during care.

**Policy Reference:**

GDC SOP 208.06 requires that this information be provided prior to treatment. Sumter County Correctional Institution's Local Policy 208.06 similarly affirms this obligation.

**Provision (d): Reporting to Protective Services for Vulnerable Populations**

In cases involving minors or adults classified as legally vulnerable, the Facility Head confirmed that reports are made to the appropriate state or local protective services agency in accordance with Georgia's mandatory reporting laws. For non-vulnerable adults, informed consent is obtained before reporting abuse that occurred outside the facility.

**Policy Reference:**

SOP 208.06 provides clear guidance on this process, ensuring staff comply with legal mandates. The local policy affirms this practice, and interviews demonstrated facility-wide awareness of these reporting distinctions.

**Provision (e): Reporting All Allegations Regardless of Source**

The facility treats all allegations of sexual abuse or harassment with equal importance, regardless of how the report is received—be it anonymously, via third-party, written, or verbal means. Every report is routed to investigative personnel for immediate review.

**Policy Reference:**

SOP 208.06 requires all staff to report any knowledge, suspicion, or information concerning sexual misconduct or retaliation. The local policy reiterates this expectation and was consistently referenced during staff interviews.

**CONCLUSION**

After conducting an extensive review of institutional policies, operational documentation, and direct interviews with leadership, healthcare staff, security personnel, and the PREA Compliance Manager, the Auditor determined that Sumter County Correctional Institution is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.

The facility has established and maintained a robust reporting framework that ensures all staff understand their duty to act without delay in response to any indication of sexual abuse or harassment. Staff training programs, supervisory oversight, and internal communication strategies contribute to a well-informed workforce that upholds a strong culture of accountability, confidentiality, and prompt response.

	The facility’s practices reflect not only compliance with the technical requirements of the PREA standard but also a deeper commitment to the principles of safety, dignity, and respect for every individual in its custody.
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess the facility’s adherence to PREA Standard §115.62—Agency Protective Duties—the Auditor conducted a detailed and methodical examination of institutional policies, procedures, and related documentation. The review focused on how the agency and facility respond when an individual is identified as being at substantial risk of imminent sexual abuse.</p> <p>The Auditor began by reviewing the Pre-Audit Questionnaire (PAQ), which provided a foundation for understanding the facility’s approach to identifying and addressing potential threats. Supporting documentation included the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This SOP establishes mandatory expectations across all GDC-operated institutions concerning prevention, detection, response, and investigation of sexual abuse and harassment.</p> <p>Further review included Attachment 7 of SOP 208.06—PREA Local Procedure Directive and Coordinated Response Plan—which outlines a structured, multi-disciplinary response protocol designed to coordinate immediate protective action between security, medical, mental health, investigative, and administrative staff. This attachment plays a critical role in ensuring all departments respond cohesively and with urgency when an individual’s safety is at risk.</p> <p>Additionally, the Auditor reviewed Sumter County Correctional Institution’s Local Policy 208.06, dated February 19, 2019. This local adaptation aligns with the GDC’s broader standards but offers procedures tailored to the facility’s unique physical layout, staffing model, and internal communication structure. Collectively, these documents reflect a strong institutional framework for implementing immediate protective measures when someone in custody is believed to face imminent danger of sexual abuse.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b> During an in-depth interview, the Facility Head (or their appointed designee) provided</p>

clear and confident assurances that the institution takes immediate action whenever credible information indicates that an individual is at substantial risk of imminent sexual abuse. They described a range of protective measures that may be implemented depending on the specific threat level and circumstances. These actions include relocating the at-risk individual to a safer housing area, increasing supervision in their current location, or transferring them to another facility altogether when appropriate.

The Facility Head further emphasized that when a suspected perpetrator is identified, that person is immediately removed from shared housing and placed in administrative segregation or alternative housing, effectively eliminating contact with the potential victim. All protective decisions are guided by PREA policy and implemented with the assistance of the facility's multi-disciplinary response team. Their leadership clearly demonstrated a commitment to prevention and swift intervention to safeguard the population.

### **Random Staff**

Interviews with a representative sample of randomly selected staff members validated the facility's readiness to respond to imminent risk situations. Staff exhibited strong knowledge of their duties and described a consistent sequence of actions they would take: ensuring the safety of the individual at risk, separating the potential victim from the accused, notifying a supervisor or designated PREA staff member, and preserving the area as a potential crime scene.

All interviewed staff emphasized that these actions are taken without hesitation and in accordance with training and established policy. Their comments reflected not only technical understanding but also a sense of moral responsibility and urgency in protecting individuals from harm.

### **PROVISIONS**

#### **Provision (a): Immediate Protective Action**

The facility's policies and practices require staff to act without delay upon receiving credible information that an individual is at risk of imminent sexual abuse. Interviews and the PAQ confirmed that protective steps are implemented promptly and are tailored to the circumstances of each situation, balancing safety with the least restrictive means of supervision and housing.

Importantly, although the facility reported no instances in the twelve months prior to the audit in which an individual was determined to be at substantial risk, staff demonstrated strong preparedness and confidence in their ability to take swift action if needed.

#### **Relevant Policy Reference:**

GDC SOP 208.06 and its Attachment 7—the PREA Local Procedure Directive and Coordinated Response Plan—define the immediate duties of first responders and delineate roles for medical, mental health, security, and administrative personnel. These guidelines ensure that every department functions in concert to prevent harm

	<p>and provide support to individuals facing credible threats.</p> <p>The Sumter County Correctional Institution’s Local Policy 208.06 reiterates these procedures in a format adapted to local operations, ensuring that facility staff are aligned with agency expectations while maintaining practical relevance to the institution’s unique environment.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following an extensive review of policy documentation, procedural plans, and interviews with both leadership and line-level staff, the Auditor concludes that Sumter County Correctional Institution is fully compliant with PREA Standard §115.62 – Agency Protective Duties.</p> <p>Although no cases of imminent risk were reported during the audit period, the facility’s policies, training, and staff responses reflect a high level of readiness. Staff at all levels understand their immediate obligations and possess the tools and authority to act swiftly and effectively when a credible threat arises.</p> <p>The agency’s coordinated approach, supported by well-documented procedures and a strong multi-disciplinary response plan, demonstrates a clear and ongoing commitment to protecting individuals in custody. This commitment extends beyond compliance, reflecting an institutional culture that prioritizes safety, responsiveness, and human dignity in the face of potential harm.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the comprehensive assessment of Sumter County Correctional Institution’s compliance with PREA Standard §115.63—Reporting to Other Confinement Facilities—the Auditor conducted a detailed analysis of institutional policy and practice related to allegations of sexual abuse that occurred in other facilities. This review focused on the extent to which the facility has established mechanisms to ensure timely, appropriate, and well-documented notifications when such allegations arise.</p> <p>The document review began with an examination of the Pre-Audit Questionnaire (PAQ), which provided foundational information about facility operations and PREA implementation. The Auditor then reviewed the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, which took</p>



effect on June 23, 2022. This policy sets forth system-wide guidance and expectations regarding the prevention, detection, reporting, and investigation of sexual abuse and sexual harassment within GDC-managed institutions.

The Auditor also reviewed the facility's own Local Policy 208.06, dated February 19, 2019, which mirrors the state-level SOP while addressing procedures specific to Sumter County Correctional Institution. Together, these policies outline the process by which a facility must notify another institution if an individual in custody reports having experienced sexual abuse at a previous facility. These documents provide clarity around responsibility, timelines, documentation, and coordination with investigative authorities.

## **INTERVIEWS**

### **Agency Head Designee**

The Auditor conducted an interview with the designated representative of the Agency Head to gain insight into agency-level expectations and practices related to inter-facility reporting. The Designee affirmed the Georgia Department of Corrections' unwavering commitment to responding promptly and appropriately to every allegation of sexual abuse—regardless of when or where the incident was said to have occurred. They confirmed that the agency treats all such reports seriously and ensures they are referred for investigation, consistent with PREA standards and GDC policy. Allegations involving other facilities trigger immediate notification protocols, whether the implicated facility is within the GDC system or operated by another correctional agency.

### **Facility Head**

The Facility Head emphasized that, in any instance where an individual in custody reports having been sexually abused at another institution, the facility initiates inter-facility notification procedures without delay. The Warden is responsible for ensuring that the facility where the abuse allegedly occurred is notified and that the GDC PREA Coordinator is informed as required. The Facility Head confirmed that all such notifications, whether internal to GDC or to an external agency, are completed within the 72-hour timeframe mandated by policy. In addition to reporting, the facility ensures that any individual making such an allegation receives the appropriate medical, mental health, and protective support services.

## **PROVISIONS**

### **Provision (a): Inter-Facility Notification Requirements**

The Pre-Audit Questionnaire and interview responses confirmed that the facility has policies and protocols in place to ensure timely and appropriate notification when an allegation of sexual abuse involves another confinement facility. When an individual reports being sexually abused at a previous institution, the current facility's Warden or Superintendent is required to notify the leadership of the implicated facility, as well as the GDC PREA Coordinator.

Although no such allegations were reported during the 12 months preceding the audit, staff interviews demonstrated a thorough understanding of the procedures. Notification responsibilities are clearly defined in both the agency and local policies, and the Auditor verified that the necessary infrastructure is in place to support immediate and effective communication should a report be received.

**Relevant Policy:**

- GDC SOP 208.06, p. 27, Section 2(a)
- Sumter County Correctional Institution Local Policy 208.06 (February 19, 2019)

These policies also state that if the allegation involves potential staff misconduct, it must additionally be referred to the Regional Special Agent in Charge (SAC). For incidents involving non-GDC institutions, appropriate external authorities must be notified along with the PREA Coordinator.

**Provision (b): Timeliness of Notification**

Both documentation and interviews confirmed that notifications to other confinement facilities must occur as soon as possible, but no later than 72 hours after the report is received. The Facility Head verified that this requirement is embedded in daily operations and well understood by the leadership team. While the facility had no cases requiring inter-facility notification during the audit review period, the Auditor confirmed that the systems are in place to ensure compliance with this critical timeline.

**Relevant Policy:**

- GDC SOP 208.06, p. 28, Section 2(b)
- Sumter County Correctional Institution Local Policy 208.06 (February 19, 2019)

**Provision (c): Documentation of Notification**

The Auditor confirmed that if an allegation were to trigger inter-facility reporting, documentation would be generated and maintained in accordance with policy. The Pre-Audit Questionnaire and leadership interviews confirmed that notification records—including date, time, method of communication, and recipient—are documented in the facility's case management system. The Facility Head reinforced that written records would be retained to ensure accountability and transparency.

**Relevant Policy:**

- GDC SOP 208.06, p. 28, Sections 2(b) and 2(c)
- Sumter County Correctional Institution Local Policy 208.06 (February 19, 2019)

**Provision (d): Investigative Responsibility**

	<p>The agency policy makes clear that all allegations of sexual abuse must be investigated, regardless of where the incident allegedly occurred. If a report is received regarding an incident at another GDC facility and no prior investigation has been completed, the receiving facility bears responsibility for initiating the investigation. The Facility Head confirmed that this requirement is understood and implemented as a matter of standard protocol.</p> <p>While the facility did not receive any such allegations during the audit period, staff affirmed their readiness to initiate or coordinate investigations when required. The Auditor noted that investigative responsibility is clearly delineated in the GDC SOP and that procedures are in place to avoid lapses or delays in handling cross-facility allegations.</p> <p><b>Relevant Policy:</b></p> <ul style="list-style-type: none"> <li>• GDC SOP 208.06, p. 28, Section 2(d)</li> <li>• Sumter County Correctional Institution Local Policy 208.06 (February 19, 2019)</li> </ul> <p><b><u>CONCLUSION</u></b></p> <p>Based on a detailed review of policy documents, leadership interviews, and the operational procedures in place at Sumter County Correctional Institution, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.</p> <p>Although no inter-facility allegations were reported during the audit review period, the facility has clearly demonstrated preparedness, with policies, training, and communication protocols that support a timely and coordinated response. Staff are knowledgeable about their responsibilities, and both state and local policy frameworks reflect a shared commitment to accountability, victim safety, and compliance with federal PREA mandates.</p> <p>The systems currently in place ensure that should an allegation arise, the facility can act immediately and appropriately—ensuring notification, documentation, and investigation are carried out with professionalism and care.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate Sumter County Correctional Institution’s compliance with PREA Standard §115.64—Staff First Responder Duties—the Auditor conducted a thorough and methodical review of institutional policies and supporting documentation. This review</p>

aimed to assess how well the facility prepares and equips both security and non-security staff to respond effectively and appropriately to allegations of sexual abuse.

The review began with an in-depth examination of the Pre-Audit Questionnaire (PAQ) and related supporting materials, which provided insight into the facility's operational framework. This was followed by a comprehensive review of the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022. SOP 208.06 outlines the mandatory duties of staff when responding to reports of sexual abuse or harassment and establishes the foundation for consistent, survivor-centered response across all GDC facilities.

Additionally, the Auditor reviewed the Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, which reflects the adaptation of statewide PREA procedures to the specific operational context of the facility. Together, these documents describe the institution's coordinated approach to responding to allegations of sexual abuse—from the initial report through to evidence preservation and incident documentation—ensuring that both security and non-security personnel understand their role in protecting individuals in custody.

## **INTERVIEWS**

### **Security Staff - First Responders**

Interviews with correctional officers identified as first responders revealed a high level of knowledge and preparedness. Security staff reported receiving PREA training during their initial onboarding and through annual in-service sessions. They also described refresher briefings conducted at the shift level to reinforce key response procedures.

When asked to describe their role during a sexual abuse allegation, security staff articulated a clear, step-by-step understanding of their responsibilities. These included immediately separating the involved individuals, securing the scene, preserving any potential physical evidence, and notifying supervisory personnel without delay. Staff emphasized the importance of protecting both the alleged victim and the integrity of the investigative process, and they displayed confidence in executing their duties in a trauma-informed and policy-compliant manner.

### **Non-Security First Responders**

Non-security staff—including medical professionals, education personnel, counselors, and program staff—also demonstrated strong familiarity with first responder protocols. Although they do not typically take the lead in securing crime scenes, these team members understood that they may be the first to receive a disclosure and, as such, are considered first responders under PREA definitions.

Non-security personnel consistently described their initial actions: immediately notifying the appropriate security or supervisory staff, instructing the alleged victim not to wash, change clothing, brush their teeth, or otherwise compromise evidence,

and ensuring that the victim is separated from the alleged perpetrator until security staff arrive. They also emphasized the importance of maintaining confidentiality and handling the situation with empathy and discretion.

### **Random Staff**

A cross-section of randomly selected staff were interviewed to assess facility-wide understanding of first responder responsibilities. The responses were consistent and aligned with agency policy, regardless of staff member classification or department. All individuals were able to outline key first responder steps, including securing the incident location, preventing evidence destruction, ensuring medical attention when necessary, and initiating immediate reporting to the shift supervisor or the PREA Compliance Manager (PCM). These responses reflected both knowledge of written policy and practical preparedness to respond effectively in a real-world scenario.

### **Individuals in Custody Who Reported Sexual Abuse**

At the time of the on-site audit, there were no individuals housed at the facility who had reported a PREA-related incident during the audit period. Therefore, no interviews were conducted within this category.

## **PROVISIONS**

### **Provision (a): First Responder Policy**

The Auditor confirmed, through the PAQ and staff interviews, that Sumter County Correctional Institution maintains a clearly defined institutional response plan for addressing allegations of sexual abuse. This plan is fully consistent with GDC SOP 208.06 and includes detailed roles for both security and non-security staff as first responders.

Although there were no reported incidents of sexual abuse during the 12 months leading up to the audit, the Auditor found strong evidence of preparedness. Staff across the facility demonstrated a comprehensive understanding of their duties, indicating that the response plan is not only in place but well communicated and routinely reinforced.

### **Relevant Policy Citations:**

- GDC SOP 208.06, p. 28, Section 3: Requires that each facility maintain a written institutional plan for coordinating actions between first responders, medical/mental health providers, investigators, and administrative leadership. This plan is captured in Attachment 7: PREA Local Procedure Directive and Coordinated Response Plan, which must remain current and include emergency contact information.
- GDC SOP 208.06, p. 27, Section F(1): Details the steps first responders must follow when an allegation is made. Correctional officers who first receive a report must:
  - Immediately separate and secure all involved individuals;
- Secure the scene to preserve physical evidence;

- Notify the shift supervisor as soon as possible;
- Instruct the involved parties not to wash, eat, drink, change clothes, or otherwise compromise evidence;
- Complete and submit the Incident Report CN 6601 per Administrative Directive 6.6;
- Maintain strict confidentiality, sharing information only with those who need it for treatment, safety, or investigative purposes.

Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, mirrors these provisions and reinforces the statewide SOP.

**Provision (b): Non-Security First Responders**

The Auditor verified that non-security staff receive specific PREA training tailored to their potential role as initial recipients of abuse allegations. The training curriculum mandates that any individual—regardless of job classification—who first receives a report of sexual abuse must be treated as a first responder.

Staff interviews and training documentation confirmed that non-security responders are taught to protect the alleged victim, avoid actions that may compromise evidence, and ensure that security or supervisory staff are promptly informed. The importance of trauma-informed engagement and the preservation of the individual's dignity were also key points reinforced through training. All interviewed staff demonstrated an appreciation for their role in this process and conveyed confidence in carrying out their responsibilities if called upon.

**CONCLUSION**

After a thorough review of policies, staff interviews, and operational procedures, the Auditor finds that Sumter County Correctional Institution is in full compliance with PREA Standard §115.64 – Staff First Responder Duties.

The facility has implemented a comprehensive and clearly defined institutional plan that governs the actions of all staff in response to allegations of sexual abuse. Staff across security and non-security roles showed strong awareness of their duties, supported by regular training, detailed guidance, and a facility culture that prioritizes safety, swift action, and evidence preservation.

Although the facility did not experience any sexual abuse reports during the audit period, the preparedness demonstrated at every level affirms that the institution is fully capable of executing a timely, appropriate, and policy-driven response should an incident occur. The institutional commitment to professionalism, accountability, and survivor support is evident throughout the facility's approach to first responder duties.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**MATERIAL REVIEW**

As part of the PREA compliance audit, the Auditor conducted a comprehensive analysis of institutional documentation to assess Sumter County Correctional Institution's implementation of a coordinated, multi-disciplinary response to incidents of sexual abuse. The review focused on the facility's readiness to ensure safety, preserve evidence, support survivors, and meet all procedural expectations outlined in PREA Standard §115.65.

The following core documents were carefully examined:

- Pre-Audit Questionnaire (PAQ)
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022
- GDC SOP 208.06, Attachment 7, titled PREA Local Procedure Directive and Coordinated Response Plan, revised most recently on January 21, 2025
- Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, which reflects the adaptation of statewide policies to address facility-specific staffing structures and operational practices

These documents collectively form the foundation of the facility's institutional response to allegations of sexual abuse. Together, they define a clear and structured approach that ensures all staff—from first responders to medical, mental health, and administrative personnel—understand their specific roles in safeguarding individuals in custody, protecting evidence, and complying with agency and federal PREA standards. The Coordinated Response Plan functions as a vital operational blueprint, central to the facility's capacity to respond swiftly, appropriately, and consistently when allegations are raised.

**INTERVIEWS**

**Facility Head or Designee**

During the on-site portion of the audit, the Auditor interviewed the Facility Head, who expressed confidence in the facility's preparedness to respond to incidents involving sexual abuse. The Facility Head confirmed that the Coordinated Response Plan is not only well-established and documented, but also widely disseminated and actively reinforced throughout the organization.

Training related to the coordinated response is provided to all relevant personnel through multiple channels: annual in-service instruction, monthly staff meetings, and on-the-job coaching by supervisory staff. These sessions help ensure that expectations remain front-of-mind for employees and that the facility maintains a

culture of readiness. The Facility Head emphasized that staff are routinely reminded of their responsibilities and the importance of interdepartmental collaboration in addressing such critical situations.

In discussing the contents of the Coordinated Response Plan, the Facility Head was able to articulate the purpose and scope of the document, highlighting how it facilitates a unified response across departments, ensures the integrity of investigations, and protects the dignity and well-being of individuals who report abuse.

### **PROVISIONS**

#### **Provision (a): Institutional Coordinated Response Plan**

According to the PAQ and corroborated during interviews, the facility maintains a comprehensive written institutional plan designed to coordinate the responsibilities of security staff, medical and mental health providers, administrative leaders, and investigative personnel in the event of a sexual abuse incident. This plan ensures that all involved disciplines operate in concert, with shared protocols and clearly defined lines of responsibility.

The Auditor's review of Attachment 7—the PREA Local Procedure Directive and Coordinated Response Plan, revised on January 21, 2025—confirmed the existence of a detailed and actionable procedure. The document is structured to guide facility staff through each phase of the response process, beginning with the initial allegation and extending through investigation, survivor support, documentation, and post-incident coordination.

The current version of the plan is a succinct yet comprehensive two-page guide that outlines 15 distinct action steps, including:

- Prompt separation of the alleged victim and alleged perpetrator
- Notification of supervisors, the facility's PREA Compliance Manager, and other designated personnel
- Evidence preservation protocols, including scene security and contamination prevention
- Immediate medical and mental health response for the survivor
- Housing and risk screening to ensure safety and prevent further harm
- Required documentation and timely communication with external oversight entities, such as the GDC PREA Unit

The plan also lists the names, roles, and up-to-date contact information for all key personnel involved in the response process. This information ensures that all staff, including those serving in support roles, are aware of who to contact and what actions to take when time-sensitive situations arise.

### **RELEVANT POLICY**



	<p>GDC SOP 208.06, page 28, Section 3, mandates that each facility must develop and maintain a written institutional response plan that outlines the coordination between departments when responding to sexual abuse. The policy requires that this plan:</p> <ul style="list-style-type: none"> <li>• Be kept current and reflect the most recent operational practices</li> <li>• Include the responsibilities of first responders, healthcare professionals, mental health staff, investigators, and administrators</li> <li>• List up-to-date contact information for all key response team members</li> <li>• Ensure timely, trauma-informed, and coordinated responses that prioritize survivor safety and investigative integrity</li> </ul> <p>The PREA Local Procedure Directive and Coordinated Response Plan, as detailed in Attachment 7, fulfills these requirements comprehensively.</p> <p>Sumter County Correctional Institution’s Local Policy 208.06 aligns directly with the GDC SOP and serves to operationalize these requirements at the facility level. The policy ensures consistent implementation by clarifying roles and procedures specific to the local facility’s staffing and structure while remaining fully aligned with statewide expectations.</p> <p><b><u>CONCLUSION</u></b></p> <p>After a detailed review of PREA policy documents, facility-level procedures, and an in-depth interview with facility leadership, the Auditor finds Sumter County Correctional Institution to be in full compliance with PREA Standard §115.65: Coordinated Response.</p> <p>The institution has adopted a well-structured and current Coordinated Response Plan that effectively integrates the responsibilities of all critical personnel. Staff receive targeted training that reinforces these expectations, and leadership has embedded the coordinated response approach into the facility’s day-to-day operational readiness.</p> <p>While no allegations of sexual abuse occurred during the audit review period, the presence of a clear, actionable, and well-communicated institutional plan—paired with strong staff knowledge and engagement—demonstrates that the facility is fully equipped to respond in a manner that upholds PREA’s goals: protecting the safety, dignity, and rights of every person in custody.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **MATERIAL REVIEW**

As part of the PREA compliance audit, the Auditor undertook a detailed and methodical review of policy documents and facility-level materials to evaluate the institution's adherence to PREA Standard §115.66, which concerns the preservation of an agency's ability to protect individuals in custody from contact with known abusers. The review focused specifically on whether the facility retains the authority to reassign or restrict employees or incarcerated individuals who are alleged or confirmed to have committed sexual abuse, free from the constraints of collective bargaining agreements or labor union restrictions.

The following documents were reviewed as part of this assessment:

- Pre-Audit Questionnaire (PAQ) and associated supporting documentation submitted in advance of the on-site audit;
- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, with an effective date of June 23, 2022;
- Sumter County Correctional Institution's Local Policy 208.06, dated February 19, 2019, which adapts the statewide policy to local procedures and operational context.

Collectively, these documents confirm the agency's authority and procedural commitment to protecting individuals in custody from future harm by ensuring that individuals found to have committed sexual abuse can be effectively separated from those they may endanger. The policies support swift intervention measures—such as reassignment, administrative leave, or housing adjustments—without needing to navigate labor-related contractual constraints.

## **INTERVIEW**

### **Agency Head or Designee**

During the on-site portion of the audit, the Auditor interviewed the Designee of the Agency Head to verify whether any labor agreements or contractual arrangements could limit the facility's ability to take protective actions when responding to substantiated or alleged sexual abuse. The Designee confirmed unequivocally that the State of Georgia does not participate in or operate under collective bargaining agreements with labor unions representing correctional employees.

This organizational structure grants the Georgia Department of Corrections, and by extension Sumter County Correctional Institution, full authority to make housing or staffing changes necessary to safeguard individuals in custody. The Designee emphasized that when credible allegations of staff-on-inmate sexual abuse arise—or if an individual is found to have committed such misconduct—the agency has the operational freedom to immediately remove the accused from contact with people in

custody while the matter is investigated. This authority extends to permanent separation following a substantiated finding.

The Designee further noted that this autonomy streamlines decision-making and supports the agency's broader commitment to maintaining a zero-tolerance environment for sexual abuse and harassment.

## **PROVISIONS**

### **Provision (a): Collective Bargaining Restrictions**

In accordance with PREA Standard §115.66(a), the agency reported in the PAQ—and the Agency Head's Designee confirmed during interviews—that no collective bargaining agreements exist within the Georgia Department of Corrections that would in any way hinder the agency's ability to remove, reassign, or otherwise separate staff or incarcerated individuals from potential victims in response to allegations of sexual abuse.

The absence of such agreements ensures that protective decisions can be made promptly, without delays caused by labor-related negotiations or grievance procedures. This autonomy enhances the facility's capacity to protect individuals from further abuse and aligns with the core mandates of PREA to maintain safety and accountability.

### **Provision (b): Not Applicable to Auditor Review**

Per the PREA audit methodology, Provision (b) under Standard §115.66 is excluded from the Auditor's scope of compliance review and is not subject to evaluation or scoring during the audit process.

## **CONCLUSION**

Based on an extensive review of facility-specific policy documents, statewide agency procedures, and the interview with the Agency Head's Designee, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.66: Preservation of Ability to Protect Inmates from Contact with Abusers.

The facility benefits from the absence of collective bargaining agreements, which allows institutional leadership to exercise full discretion in making staffing and housing decisions that prioritize safety. Policies at both the agency and local levels provide clear authority and procedural pathways for separating individuals who pose a risk of sexual harm to others. This structural flexibility ensures the facility can act decisively and effectively in response to allegations or findings of abuse, supporting its mission to create and sustain a safe, secure, and respectful environment for all individuals in its care.

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p data-bbox="256 338 552 371"><b><u>MATERIAL REVIEW</u></b></p> <p data-bbox="256 412 1469 528">To evaluate compliance with the PREA standard related to protecting individuals from retaliation, the Auditor conducted a comprehensive review of the following documents:</p> <ul data-bbox="331 598 1457 965" style="list-style-type: none"> <li data-bbox="331 598 1401 631">• The Pre-Audit Questionnaire (PAQ) and all accompanying documentation;</li> <li data-bbox="331 638 1457 754">• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li data-bbox="331 761 1428 878">• SOP 208.06, Attachment 8 – Retaliation Monitoring Checklist, also effective June 23, 2022, which establishes the structured process for monitoring potential retaliation;</li> <li data-bbox="331 884 1449 965">• Sumter County Correctional Institution’s Local Policy 208.06, dated February 19, 2019, which aligns state directives with the facility’s local practices.</li> </ul> <p data-bbox="256 1005 1449 1205">These documents collectively define the agency’s responsibility to prevent, identify, and address retaliation against individuals who report sexual abuse or sexual harassment or who participate in related investigations. They establish clear expectations for timely monitoring, appropriate protective measures, and documented follow-up actions.</p> <p data-bbox="256 1285 456 1319"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1359 668 1393"><b>Agency Head or Designee</b></p> <p data-bbox="256 1433 1465 1756">The designee of the Agency Head reported that retaliation monitoring begins immediately after a report of sexual abuse is received. The initial 90-day monitoring period may be extended based on the circumstances of the case. If the allegation is unfounded early in the investigation, monitoring may be discontinued. However, for substantiated or ongoing cases, monitoring continues for at least 90 days and longer if necessary. The designee emphasized that any individual—including victims, witnesses, and staff—who expresses concern or fear of retaliation is eligible for protective monitoring and support services.</p> <p data-bbox="256 1796 665 1830"><b>Facility Head or Designee</b></p> <p data-bbox="256 1870 1436 2069">The Facility Head confirmed that the facility employs multiple strategies to monitor and safeguard individuals from retaliation. In the case of incarcerated individuals, staff observe for indicators such as changes in housing, work assignments, or a sudden increase in disciplinary infractions. When monitoring staff, retaliation indicators may include changes in job assignments, negative performance</p>

evaluations, or exclusion from duties. Monitoring is conducted with sensitivity and confidentiality, and responsibility for oversight is delegated to designated staff.

### **Retaliation Monitor**

The facility's appointed Retaliation Monitor emphasized that preventing retaliation is a core component of the PREA compliance effort. The monitor ensures that all individuals—especially those who report or assist with investigations—understand their right to be free from retaliation. Monitoring includes monthly face-to-face check-ins, with documentation maintained using the standardized Retaliation Monitoring Checklist (Attachment 8). The monitor confirmed that no incidents of retaliation were reported during the previous 12 months, and that all individuals identified for monitoring received the appropriate oversight and support throughout the required period.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, there were no individuals housed in segregation as a result of being at risk for sexual abuse or due to a recent report of sexual abuse. As such, interviews within this category were not applicable.

### **Inmates Who Reported Sexual Abuse**

The facility reported no allegations of sexual abuse during the 12-month review period; therefore, there were no interviews conducted with individuals in this category.

## **PROVISIONS**

### **Provision (a): Policy Against Retaliation**

The PAQ affirmed that the facility maintains a formal policy to protect all individuals—including staff and those in custody—who report sexual abuse or harassment, or who participate in related investigations. Interviews confirmed that the Warden has designated a specific Lieutenant to serve as the facility's Retaliation Monitor. Monitoring typically continues for 90 days, with extensions as needed based on assessed risk.

#### **Relevant Policy:**

GDC SOP 208.06, p. 28, Section 4.a-b, mandates disciplinary action for acts of retaliation and requires each facility to appoint a Retaliation Monitor. The SOP authorizes the implementation of protective measures, such as housing transfers, separation of alleged abusers, and the provision of emotional support services. These protections are echoed in the facility's local operating procedures.

### **Provision (b): Protective Measures**

Interviews and documentation confirmed that the facility employs a range of

protective measures to prevent retaliation. These may include adjusting work or housing assignments, limiting contact between victims and alleged perpetrators, removing staff from specific posts, or offering counseling services. These proactive interventions are implemented promptly when a risk is identified.

**Relevant Policy:**

GDC SOP 208.06, p. 28-29, Section 4.b, authorizes the use of various protective strategies to prevent retaliation against staff and individuals in custody. These measures are locally reinforced by Sumter County Corrections Policy 208.06.

**Provision (c): Monitoring Conduct and Treatment**

The facility confirmed that all individuals involved in a PREA-related allegation—victims, witnesses, and cooperating staff—are monitored for behavioral or treatment changes that might indicate retaliation. Monitoring is sustained for at least 90 days and may be extended if concerns persist. The Retaliation Monitor reported zero incidents of retaliation in the past 12 months, and documentation supports consistent application of monitoring practices.

**Relevant Policy:**

SOP 208.06, p. 28-29, Section 4.c, instructs retaliation monitors to actively assess and document any changes in behavior, conduct, or treatment that may signal retaliatory actions. These protocols are also embedded in the facility's local policy framework.

**Provision (d): Formal Monitoring Process**

Monitoring activities are systematically conducted and recorded. The Retaliation Monitoring Checklist (Attachment 8) is used to guide and document monthly check-ins with monitored individuals. Monitors assess indicators such as new disciplinary actions, housing transfers, program changes, or shifts in behavior. Similar attention is given to staff, with performance reviews and assignment changes evaluated for signs of retaliation.

**Relevant Policy:**

SOP 208.06, p. 28-29, Section 4.c.i-iii, mandates that monitoring be thoroughly documented using the designated checklist. These responsibilities are reiterated in the Sumter County Corrections local policy.

**Provision (e): Protections for Any Fear of Retaliation**

The facility confirmed that any individual—whether incarcerated, employed, or a third-party participant—who expresses fear of retaliation after engaging in a PREA-related process is entitled to protective monitoring. The Retaliation Monitor emphasized that all concerns are treated seriously, and support is provided regardless of an individual's role in the case.

	<p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06 requires protections be extended to anyone who fears retaliation due to their involvement in a report or investigation. This provision is also reflected in the facility's local operating procedures.</p> <p><b>Provision (f): Auditor Exclusion</b></p> <p>Auditors are not required to assess Provision (f); therefore, it was not evaluated as part of this compliance determination.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive review of applicable policy documents, interviews with key staff, and facility monitoring records, the Auditor concludes that the facility fully complies with the PREA standard concerning protection against retaliation.</p> <p>The agency has established a robust system for identifying, monitoring, and addressing potential retaliation. Designated personnel are trained, processes are clearly documented, and protective measures are implemented promptly when necessary. No incidents of retaliation were reported in the previous year, reflecting the facility's proactive and vigilant approach to upholding the safety and rights of all individuals under its care.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective as of June 23, 2022.</li> <li>• Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, which tailors statewide SOPs to the local facility's operations and staff protocols.</li> <li>• This SOP outlines the agency's policy regarding protective custody and housing of inmates following an allegation of sexual abuse.</li> </ul>

## **INTERVIEWS**

### **Facility Head or Designee**

During the interview, the Facility Head confirmed that when circumstances warrant, either the alleged victim or the alleged perpetrator can be transferred to another facility to ensure safety. The facility utilizes alternative housing options to avoid placing victims in segregated housing whenever possible. Only after evaluating and exhausting all less-restrictive alternatives would a victim of sexual abuse be placed in involuntary segregated housing. If such a placement occurs, the facility conducts a review every 30 days to assess the ongoing necessity of the separation from the general population. Furthermore, victims placed in segregation for protective reasons are still permitted to access programming, education, and work opportunities, provided it does not compromise safety or facility security.

### **Staff Who Supervise Inmates in Segregated Housing**

Staff assigned to supervise segregated housing units stated during interviews that multiple housing options are available to support the needs of vulnerable inmates. They emphasized that protective segregation is not the default placement for victims of sexual abuse. Instead, the facility actively seeks alternative placements to protect individuals at risk, using segregation only as a measure of last resort.

### **Inmates in Segregated Housing for Risk of Sexual Abuse**

At the time of the on-site audit, there were no inmates in the facility who were housed in segregation due to a risk of sexual victimization or as a result of having reported sexual abuse. As such, there were no interviews conducted with inmates in this category.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ, the facility adheres to GDC policy that prohibits the involuntary placement of inmates who allege sexual abuse into segregated housing unless a thorough assessment of all viable alternatives concludes that no other means of safe separation exists. The agency reported that, within the previous 12 months, no inmates were held involuntarily for a period of 1 to 24 hours for assessment purposes, nor were any held longer than 30 days due to unavailability of alternative placements. Staff assigned to segregated housing confirmed these reports during interviews.

Additionally, if involuntary segregated housing is employed, the policy requires the facility to review each inmate's placement status every 30 days to determine whether continued separation is warranted. This was verified by the Facility Head.

### **RELEVANT POLICY**

As outlined in GDC SOP 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, pages 25, section 8, subsections a-d, the following directives apply:



	<ul style="list-style-type: none"> <li>• Inmates identified as being at risk of sexual victimization or aggression are not to be automatically placed in involuntary segregation unless no other alternatives are available for separation from potential abusers. This decision must be clearly documented in the SCRIBE case management system, including justification for the lack of alternative placements.</li> <li>• Offenders placed in segregation under these circumstances are to receive the same services outlined in SOP 209.06, Administrative Segregation.</li> <li>• Involuntary segregation is considered a temporary measure and is not to exceed 30 days unless no other options are feasible.</li> <li>• If an inmate in segregated housing faces restrictions in access to programs, privileges, education, or employment, the facility must document: <ul style="list-style-type: none"> <li>• The specific services or activities that have been limited</li> <li>• The duration of these restrictions</li> <li>• The reasons why such limitations were necessary</li> </ul> </li> <li>• Reviews of segregation placements must be conducted and documented every 30 days to evaluate whether the inmate still requires separation from the general population.</li> </ul> <p>Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, mirrors the GDC PREA policy.</p> <p><b><u>CONCLUSION</u></b></p> <p>After careful evaluation of all available documentation and interviews with facility staff, the Auditor finds the agency/facility to be fully compliant with each requirement under the PREA standard regarding post-allegation protective custody. The facility demonstrates a commitment to avoiding unnecessary segregation and ensures protective measures are implemented thoughtfully and in accordance with policy.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess the facility’s compliance with PREA Standard §115.71—Criminal and Administrative Investigations—the Auditor conducted a comprehensive and systematic review of key documentation. The primary focus of this review was to evaluate the institutional framework, investigative protocols, training practices, and documentation systems that guide the response to allegations of sexual abuse and sexual harassment within the facility.</p> <p>Materials reviewed included:</p>

- The Pre-Audit Questionnaire (PAQ), completed and submitted by the facility in advance of the on-site visit;
- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- The Sumter County Correctional Institution's Local PREA Policy 208.06, dated February 19, 2019, which provides facility-level implementation guidance aligned with GDC policy.

Together, these documents form the investigative backbone of the agency's zero-tolerance response to sexual misconduct, outlining protocols for initiating investigations, securing and preserving evidence, evaluating credibility, ensuring investigator qualifications, and collaborating with outside law enforcement when necessary. The policies reflect a commitment to professionalism, timeliness, thorough documentation, and victim-centered practices in every phase of the investigative process.

## **INTERVIEWS**

### **Investigative Staff**

During the on-site audit, the Auditor conducted an in-depth interview with the facility's assigned investigator. The investigator offered a detailed walkthrough of investigative procedures, emphasizing that all reports of sexual abuse or harassment—regardless of the method of submission, such as direct communication, anonymous tips, third-party complaints, or grievance forms—are investigated fully, promptly, and objectively.

The investigator confirmed successful completion of specialized PREA investigative training tailored for correctional settings. A review of the training file corroborated this, including certifications specific to trauma-informed interviewing techniques, evidence handling, and report writing. Investigative processes begin with interviewing the person making the allegation, followed by witnesses, and concluding with the alleged perpetrator. The investigator explained that procedures may differ slightly for sexual harassment cases, but the commitment to fairness, impartiality, and documentation remains constant.

In cases involving alleged sexual assault, the investigator coordinates forensic exams through designated Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) providers. If a SANE/SAFE provider is unavailable, the trained investigator is authorized to collect and preserve evidence using approved kits and protocols. The Auditor confirmed that chain-of-custody procedures are in place and followed.

Should the nature of the allegation suggest potential criminal conduct, compelled interviews are avoided until consultation occurs with the prosecuting attorney to prevent jeopardizing any future legal proceedings. This protocol was validated

through collaboration with the Sumter County Sheriff's Department, which also confirmed that Miranda warnings are administered when appropriate.

Importantly, the investigator stated that each party's credibility—whether alleged victim, accused, or witness—is assessed independently based on facts and corroborating evidence, with no weight given to a person's custodial status or job title. The agency does not employ polygraph testing in any PREA investigation, in accordance with policy.

Investigations also include an examination of whether staff conduct or institutional culture may have contributed to the incident. All findings—physical evidence, interview summaries, timelines, and investigative reasoning—are compiled into a final written report. If criminal behavior is suspected, the case is referred to the Sheriff's Office for potential prosecution. Investigations continue even if the alleged perpetrator or victim is released, reaffirming the agency's commitment to integrity and follow-through.

#### **PREA Coordinator (PC)**

The PREA Coordinator affirmed that the GDC retains all documentation of PREA-related investigations—including administrative and criminal cases—for the duration of the alleged abuser's incarceration or employment, plus a minimum of five years thereafter. Additionally, many records are permanently stored in the SCRIBE case management system, offering secure digital retention.

#### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager confirmed the facility's adherence to the requirement that investigations are carried through to completion, regardless of whether the individuals involved remain within the agency's jurisdiction. Investigations are never terminated due to a transfer, release, or resignation.

#### **Facility Head or Designee**

The Facility Head confirmed that within the 12-month period preceding the audit, no substantiated allegations of criminal sexual abuse were referred for prosecution. However, protocols for such referrals remain intact and ready for activation.

#### **Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the audit, no individuals housed at the facility had filed a PREA-related report of sexual abuse. Consequently, no interviews were conducted in this category.

### **PROVISIONS**

#### **Provision (a): Investigation of All Allegations**

The facility ensures that every allegation of sexual abuse or harassment—regardless of source—is promptly and impartially investigated. This includes reports received through any channel, including anonymously or via third parties.

**Relevant Policy:**

GDC SOP 208.06 mandates full investigation of all allegations and prohibits disregard based on the source or perceived reliability of the report.

**Provision (b): Qualified Investigators**

Only personnel who have completed specialized training are assigned to conduct PREA investigations. This training includes techniques for evidence collection, trauma-informed interviewing, and legal considerations.

**Relevant Policy:**

SOP 208.06 requires PREA-specific training for investigators before assignment to cases involving sexual abuse or harassment.

**Provision (c): Comprehensive Evidence Collection**

Investigators are trained to collect all forms of relevant evidence, including physical items, camera footage, written records, medical and mental health documentation, and prior complaints.

**Relevant Policy:**

SOP 208.06, p. 32, Section 9, provides detailed guidance on following standardized procedures to collect and preserve evidence for both administrative and criminal investigations.

**Provision (d): Coordination with Prosecuting Authorities**

In cases with potential criminal implications, investigators are instructed to coordinate with prosecutorial staff before conducting compelled interviews to avoid compromising prosecutions.

**Relevant Policy:**

SOP 208.06, pp. 32, Sections 10–11, confirms this requirement for coordination with legal authorities.

**Provision (e): Credibility and Polygraph Policy**

Credibility assessments are conducted independently for each individual involved in a case. Role or rank within the facility is not a factor, and polygraph use is prohibited.

**Relevant Policy:**

SOP 208.06, p. 31, Section 8(c), bars the use of polygraphs and emphasizes role-neutral credibility evaluations.

**Provision (f): Evaluation of Staff Conduct**

Investigations examine whether staff actions—or failure to act—contributed to an incident. These findings are included in the final report.

**Relevant Policy:**

SOP 208.06 requires that investigative reports address staff conduct and include all evidence and rationale.

**Provision (g): Criminal Investigations by Law Enforcement**

Should an investigation rise to the level of potential criminal prosecution, the case is transferred to the Sumter County Sheriff's Department. The facility remains responsible for preserving and transferring all investigative materials.

**Provision (h): Criminal Referrals**

No substantiated PREA cases were referred for criminal prosecution during the 12 months preceding the audit.

**Provision (i): Record Retention**

The agency maintains records of investigations for the duration of the accused's incarceration or employment, plus a minimum of five additional years.

**Relevant Policy:**

SOP 208.06 prescribes retention standards and ensures records are preserved for accountability and legal reference.

**Provision (j): Continuation of Investigations**

Investigations are never terminated prematurely due to the departure of involved individuals. Every case is pursued to completion.

**Relevant Policy:**

SOP 208.06 states clearly that changes in custody or employment status do not affect the requirement to finish investigations.

**Provision (k): Not Auditable**

This provision is excluded from the Auditor's compliance determination per PREA audit guidelines.

**Provision (l): Internal Investigative Responsibility**

PREA investigations are conducted internally by trained agency staff, including members of the facility's Sexual Assault Response Team (SART). External entities are not responsible for routine PREA casework.

**Relevant Policy:**

SOP 208.06 affirms that internal GDC staff handle all aspects of the investigative process unless criminal referral is warranted.

**CONCLUSION**

	<p>Following a rigorous review of agency policy, investigative documentation, training records, and staff interviews, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.71 regarding criminal and administrative investigations.</p> <p>The facility demonstrates a strong investigative infrastructure, supported by well-trained personnel, clear protocols, and a commitment to objectivity and thoroughness. Investigations are conducted with sensitivity, consistency, and legal integrity, ensuring accountability and reinforcing a facility-wide culture that does not tolerate sexual abuse or harassment under any circumstance.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the PREA compliance audit, the Auditor conducted a comprehensive examination of the policies and practices governing administrative investigations into allegations of sexual abuse and sexual harassment. This review focused on the evidentiary standards applied by the Georgia Department of Corrections (GDC) and the facility in determining whether such allegations are substantiated.</p> <p>Central to this review was the Pre-Audit Questionnaire (PAQ) and the GDC Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This policy outlines the agency’s framework for the prevention, detection, response, and investigation of sexual misconduct in confinement settings. It establishes guiding principles, clearly defines roles and responsibilities, and outlines investigative expectations in both administrative and criminal contexts.</p> <p>Of particular importance in this review was the section of the policy that addresses the evidentiary threshold used to determine the outcome of administrative investigations. GDC SOP 208.06 explicitly affirms that a preponderance of the evidence—defined as whether the evidence shows it is more likely than not that the incident occurred—is the sole standard used when substantiating claims of sexual abuse or harassment in administrative cases. This approach aligns with the federal PREA regulations and reflects a commitment to objectivity, consistency, and fairness across all investigative outcomes.</p> <p><b><u>INTERVIEW</u></b></p> <p><b>Investigative Staff</b></p> <p>During interviews conducted on-site, members of the facility’s investigative team</p>

provided clear and consistent explanations of how allegations of sexual abuse and harassment are assessed and resolved. Investigators emphasized that every report—whether submitted directly by the individual, received anonymously, or reported by a third party—is treated with urgency and seriousness. Each allegation initiates a structured and impartial investigation designed to gather and assess all available evidence.

Investigative staff described a step-by-step process that includes conducting detailed interviews with the reporting party, the individual accused, and any witnesses. Investigators also examine physical evidence, review video surveillance footage, assess medical or mental health records when relevant, and consider prior complaints or patterns of behavior involving the parties.

Throughout each investigation, staff adhere strictly to the “preponderance of the evidence” standard. They explained that this evidentiary threshold is embedded in their training, codified in agency policy, and consistently reinforced through supervisory oversight. The use of any standard higher than preponderance—such as “clear and convincing evidence” or “beyond a reasonable doubt”—is strictly prohibited in administrative proceedings. This uniform approach ensures that all investigative determinations are made in compliance with federal requirements and that the integrity of the process is protected.

## **PROVISIONS**

### **Provision (a): Evidentiary Standard in Administrative Investigations**

Based on both the PAQ and in-depth interviews with investigative personnel, the Auditor confirmed that the facility—and the agency as a whole—does not impose any evidentiary standard higher than preponderance of the evidence when resolving administrative investigations of sexual abuse and sexual harassment. Investigators were consistent in their understanding and application of this threshold, and affirmed that this standard is central to both their training and day-to-day investigative practice.

## **RELEVANT POLICY**

The evidentiary requirements are clearly articulated in GDC SOP 208.06, which governs the agency’s response to PREA-related allegations. On page 30, Section G, item 5, the policy states:

“No standard higher than the preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

This language aligns directly with the federal regulation found in 28 C.F.R. §115.72, which mandates the use of this standard in all administrative investigations under the PREA framework. By incorporating this federal requirement into state-level policy, GDC ensures uniformity and compliance across all its facilities. Moreover, this standard safeguards due process by providing a fair and reasonable benchmark for

	<p>evaluating the facts and determining outcomes in a manner that is both victim-centered and legally defensible.</p> <p><b>CONCLUSION</b></p> <p>After a thorough review of relevant policy documents, the Pre-Audit Questionnaire, and interviews with investigative personnel, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.72 concerning the evidentiary standard for administrative investigations.</p> <p>The facility and its investigative staff have clearly institutionalized the principle that the preponderance of the evidence is the only acceptable threshold for substantiating allegations of sexual abuse and harassment in administrative proceedings. This standard is embedded in GDC's written policy, reinforced through specialized training, and consistently applied in practice. The result is a transparent and legally sound investigative process that upholds the rights of all parties while reinforcing the agency's commitment to PREA compliance, accountability, and institutional safety.</p>
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115.73 Reporting to inmates	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>MATERIAL REVIEW</b></p> <p>To assess the facility's compliance with the Prison Rape Elimination Act (PREA) Standard §115.73, which governs offender notifications following an investigation into allegations of sexual abuse or sexual harassment, the Auditor undertook a detailed and structured review of relevant documentation. This review incorporated both pre-audit and on-site materials and focused on how the facility ensures that individuals who report allegations are properly informed of the investigative outcomes.</p> <p>The key documents examined during this review included:</p> <ul style="list-style-type: none"> <li>• The facility's completed Pre-Audit Questionnaire (PAQ);</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Attachment 3 of SOP 208.06, the PREA Disposition Offender Notification Form, which establishes a standardized process and format for notifying individuals in custody of the outcome of an investigation;</li> <li>• The Sumter County Correctional Institution's Local PREA Policy 208.06, dated February 19, 2019, which aligns institutional procedures with GDC's overarching policies;</li> <li>• A facility-generated PREA tracking chart, which provides a summary of all</li> </ul>



allegations of sexual abuse and sexual harassment reported during the preceding 12-month audit review period. This chart also includes documentation of case dispositions and notifications issued to individuals who filed reports.

Together, these materials form a comprehensive framework that demonstrates how the facility upholds its obligation to communicate transparently and in a timely manner with individuals who report sexual abuse or harassment, in accordance with federal PREA standards.

## **INTERVIEWS**

### **Investigative Staff**

The Auditor conducted interviews with members of the facility's investigative team, who described a well-defined process that begins after the conclusion of a formal investigation. Investigators noted that all available evidence is carefully reviewed—including statements from the parties involved, any witnesses, physical and digital evidence, and relevant documentation—before a final investigative report is completed.

Once finalized, the report is forwarded to facility leadership. The responsibility for notifying the reporting individual of the investigative outcome then rests with the facility. Investigative staff clarified that in cases referred to the Office of Professional Standards (OPS), coordination between OPS and the facility ensures the individual is appropriately informed once a final decision is rendered. The facility uses Attachment 3 of SOP 208.06 to document all notifications.

### **Facility Head or Designee**

The Facility Head confirmed that the institution follows GDC policy regarding post-investigation notifications. In instances where an allegation of staff-on-incarcerated-person sexual abuse is substantiated, the facility is required to inform the reporting individual of any of the following outcomes, as applicable:

- Reassignment of the staff member away from the individual's housing unit;
- Termination or voluntary resignation of the staff member;
- Arrest of the staff member on related charges;
- Conviction of the staff member related to the incident.

The Facility Head reported that during the 12-month period preceding the audit, no staff-on-incarcerated-person allegations were substantiated. All such cases were determined to be unfounded.

### **Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the audit, there were no individuals currently housed at the facility who had previously reported incidents of sexual abuse. Therefore, interviews with this population group were not conducted.

## **PROVISIONS**

### **Provision (a): Notification of Investigation Outcomes**

Interviews with facility leadership and investigators confirmed that individuals who report sexual abuse are notified—either in person or in writing—of the outcome of the investigation. Outcomes include classifications such as substantiated, unsubstantiated, or unfounded. Even in the absence of sexual abuse cases during the audit review period, the facility provided written notifications to two individuals who had reported sexual harassment. The documentation reviewed confirmed that the appropriate form (Attachment 3) was used to issue these notifications.

### **Relevant Policy - Provision (a):**

Per SOP 208.06, page 33, Section G.17, once an investigation concludes, the Warden or Superintendent must ensure the individual who reported the allegation is informed of the result. Notification options include:

- Substantiated
- Unsubstantiated
- Unfounded
- Substantiated or Unsubstantiated and forwarded to OPS
- Not PREA

Delivery of the notification is the responsibility of a designated member of the Sexual Assault Response Team (SART) or another staff member appointed by facility leadership. If the matter is referred to OPS, the facility is expected to follow up with an additional notification once the final OPS determination is received. All attempts to notify, successful or otherwise, are documented using the prescribed form. If the individual is no longer in GDC custody at the conclusion of the investigation, no notification is required.

### **Provision (b): Investigative Authority**

The facility reported that no sexual abuse investigations were referred to an outside law enforcement agency during the audit review period. As such, this provision was not applicable.

### **Provision (c): Notification Regarding Staff Misconduct**

Policy requires that in the event of a substantiated staff-on-incarcerated-person sexual abuse allegation, the facility must notify the individual of any significant employment actions or criminal proceedings involving the staff member. While no such cases occurred during the audit review period, staff interviews confirmed a clear understanding of these responsibilities.

### **Provision (d): Inmate-on-Inmate Allegations**

In instances where the perpetrator of substantiated sexual abuse is another

	<p>incarcerated individual and the case results in criminal charges or conviction, the reporting individual is to be notified of the outcome. The Facility Head or designee confirmed this notification process is followed in accordance with GDC policy.</p> <p><b>Provision (e): Written Notification Requirements</b></p> <p>Although no sexual abuse investigations were completed during the 12 months prior to the audit, the facility demonstrated compliance with written notification requirements in two closed sexual harassment cases. Written notifications were properly documented using the designated form, in accordance with GDC SOP 208.06.</p> <p><b>Relevant Policy - Provision (e):</b></p> <p>SOP 208.06 clarifies that notifications are not required when the individual who filed the report is no longer in GDC custody at the conclusion of the investigation.</p> <p><b>Provision (f): Auditor Exemption</b></p> <p>As outlined in the PREA standards, this provision is excluded from auditor review and therefore was not evaluated for compliance.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a thorough review of facility documentation, applicable policy, and staff interviews, the Auditor has determined that Sumter County Correctional Institution is in full compliance with PREA Standard §115.73, which governs notifications to individuals who report allegations of sexual abuse or harassment.</p> <p>The Georgia Department of Corrections has developed and implemented robust procedures to ensure that individuals in custody are appropriately informed of investigative outcomes. Although no sexual abuse cases reached completion during the audit review period, the facility demonstrated a strong working knowledge of its notification responsibilities, maintained accurate documentation, and issued timely written notices in applicable sexual harassment cases. These practices collectively reflect the agency's commitment to transparency, accountability, and the rights and safety of all individuals in its care.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>MATERIAL REVIEW</u></b>

As part of the comprehensive PREA compliance audit, the Auditor conducted a focused review of the facility's procedures and policies related to staff accountability in cases of sexual abuse, sexual harassment, and sexual misconduct. Central to this review was the facility's completed Pre-Audit Questionnaire (PAQ), which provided baseline information about any incidents of staff misconduct within the 12-month audit review period.

In addition to the PAQ, the Auditor closely examined the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This statewide directive serves as the foundational policy for all PREA-related matters, clearly articulating the agency's zero-tolerance stance and codifying expectations for staff conduct, disciplinary procedures, and reporting protocols when violations occur.

The SOP outlines a tiered and transparent approach to staff discipline, prioritizing termination as the presumptive sanction in cases where an employee is found to have engaged in sexual abuse. The policy also details the process for evaluating other types of misconduct—including policy violations that do not rise to the level of abuse—ensuring that sanctions are appropriate, consistent, and aligned with the agency's commitment to safety and integrity.

## **INTERVIEWS**

### **Facility Head or Designee**

To validate policy implementation at the operational level, the Auditor conducted an interview with the Facility Head's designee, who affirmed the institution's adherence to GDC's disciplinary standards. The designee confirmed that all staff members—regardless of position—are subject to the same disciplinary procedures if found to have violated agency policy related to sexual abuse or harassment. Sanctions may range from formal counseling to termination, depending on the nature and severity of the violation.

Importantly, the designee emphasized that termination is the presumptive sanction in any case involving substantiated sexual abuse. This policy reflects the agency's unwavering stance on zero tolerance and reinforces the importance of accountability across all levels of staff. The designee also reported that, during the 12-month period preceding the audit, there were no staff members found to have engaged in sexual abuse or sexual harassment, nor were there any terminations or resignations related to such incidents.

## **PROVISIONS**

### **Provision (a): Termination as Presumptive Sanction**

According to the documentation provided in the PAQ and reinforced during the interview, GDC policy mandates that staff who engage in sexual abuse shall be

banned from working in correctional settings and are subject to termination as the default disciplinary outcome. This policy is clearly stated in SOP 208.06, page 33, Section H.1.a, which also stipulates that such cases may be referred for criminal prosecution when warranted. This framework not only aligns with federal PREA standards but also sends a strong message about the consequences of violating boundaries with individuals in custody.

**Provision (b): Reporting of Staff Misconduct in Past Year**

Consistent with the PAQ and interview findings, there were no staff violations of sexual abuse or sexual harassment policies during the 12-month review period. Consequently, no disciplinary actions, resignations, or terminations occurred in relation to PREA-related misconduct. Nonetheless, the designee demonstrated a clear understanding of the agency's expectations and disciplinary processes should such an incident arise.

**Provision (c): Sanctions for Other Violations**

While termination is the expected response for sexual abuse, GDC SOP 208.06 also outlines how the agency addresses less severe policy violations related to sexual misconduct. As stated on page 33, Section H.1.b, disciplinary action for non-abuse-related conduct (e.g., inappropriate comments or failure to report) is determined based on the severity of the offense, the employee's disciplinary history, and the need for consistency across similar cases. The designee confirmed that while no such cases occurred within the past year, this provision ensures fair and proportionate treatment when dealing with policy violations that fall short of criminal or abusive behavior.

**Provision (d): Reporting to Law Enforcement and Licensing Bodies**

Under SOP 208.06, page 34, Section H.1.c, the facility is required to report any staff terminations or resignations related to sexual abuse or harassment to law enforcement, unless the behavior is clearly non-criminal. In applicable cases, reports must also be made to professional licensing or certification bodies, such as the Georgia Peace Officers Standards and Training Council (POST). While the facility did not have any such incidents during the audit review period, this policy ensures that potential threats to safety do not simply shift from one institution to another. It also underscores the agency's obligation to promote accountability beyond the immediate correctional setting.

**CONCLUSION**

Following a detailed review of institutional policy, staff interviews, and the facility's PAQ, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.76, which governs disciplinary sanctions for staff in cases of sexual abuse or misconduct.

The Georgia Department of Corrections has established a clearly defined,

	<p>enforceable, and zero-tolerance framework that prioritizes the safety and dignity of individuals in custody. The agency's policies ensure that staff members who engage in sexual abuse are removed from correctional environments and, when appropriate, referred for prosecution or licensing action. Even in the absence of disciplinary actions during the past year, the facility demonstrated that it possesses the infrastructure, training, and policy alignment necessary to respond swiftly and appropriately to any such violations.</p> <p>The agency's commitment to transparency, proportional accountability, and the protection of vulnerable individuals is evident in both written policy and operational readiness.</p>
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the facility's PREA compliance assessment, the Auditor conducted a focused and comprehensive review of all relevant documentation pertaining to the agency's policies and practices regarding corrective actions for contractors and volunteers who may be implicated in allegations of sexual abuse or sexual harassment. The review included a detailed examination of the facility's Pre-Audit Questionnaire (PAQ), the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (effective June 23, 2022), and the Sumter County Correctional Institution's Local PREA Policy 208.06, dated February 19, 2019.</p> <p>Together, these documents form the foundation of the agency's zero-tolerance posture toward all forms of sexual misconduct, regardless of the perpetrator's role within the facility. The policies provide detailed guidance on how institutions are to respond when a contractor or volunteer is suspected of engaging in inappropriate behavior with individuals in custody. These procedures include the immediate removal of access, mandatory reporting to law enforcement or licensing boards, and implementation of corrective or remedial actions, even when the behavior may not meet the threshold of criminal conduct.</p> <p>The documentation reflects a structured, policy-driven approach that prioritizes the safety of incarcerated individuals and ensures contractors and volunteers are held to the same behavioral standards as full-time employees.</p> <p><b><u>INTERVIEWS</u></b></p>

## **Facility Head or Designee**

During the on-site component of the audit, the Auditor conducted an in-depth interview with the Facility Head's designee. The designee confirmed that during the 12-month review period, there were no incidents involving contractors or volunteers that resulted in substantiated findings of sexual abuse or sexual harassment. Likewise, no allegations were reported that warranted notification to law enforcement or to a professional licensing entity.

However, the designee emphasized that should such an incident occur, the facility would act without hesitation to follow the agency's established protocols. These include immediately revoking the individual's access to the facility, initiating a full internal investigation, and notifying the appropriate external authorities as required by policy. The absence of such incidents during the audit period was attributed to robust training, proactive prevention strategies, and a closely monitored volunteer and contractor workforce.

## **PROVISIONS**

### **Provision (a): Mandatory Reporting and Restriction of Contact**

In accordance with both the documentation reviewed and information shared during interviews, the Auditor confirmed that the facility strictly follows GDC's mandated procedures when dealing with contractors or volunteers found to have engaged in sexual abuse. These procedures include:

- Immediate removal of the contractor or volunteer from any environment where they could have contact with individuals in custody;
- Prompt notification to law enforcement authorities unless the behavior is clearly and unquestionably non-criminal in nature;
- Referral to applicable licensing, regulatory, or credentialing bodies when warranted.

While no such cases occurred during the review period, staff demonstrated a strong and consistent understanding of these responsibilities. The policies are clearly articulated in GDC SOP 208.06, page 34, Section 2, and echoed in Sumter County Correctional Institution's local PREA directive, both of which specify that institutions must act swiftly to protect incarcerated individuals and ensure that outside parties—such as law enforcement or professional boards—are properly informed of any substantiated misconduct.

The facility's readiness to implement these measures without delay reflects a deep institutional commitment to transparency, accountability, and safety.

### **Provision (b): Corrective Action for Other Violations**

Beyond cases of criminal sexual abuse, the facility also maintains clear procedures for

	<p>addressing non-criminal but inappropriate behavior by contractors or volunteers. As confirmed by the Facility Head's designee and supported by the PAQ, even when an allegation does not result in criminal findings, the facility conducts a full review of the circumstances and determines whether remedial action—such as suspension, revocation of facility access, or retraining—is necessary.</p> <p>GDC policy mandates a careful evaluation of the individual's conduct, the risk posed to individuals in custody, and whether continued access is in the best interest of the facility's mission to maintain a safe and secure environment. The policy supports a nuanced and flexible approach, allowing for measured but decisive responses to any misconduct.</p> <p>Although no such corrective actions were required during the 12-month audit review period, the protocols are firmly established and well understood by facility leadership. The absence of incidents may reflect both a limited number of external personnel working in the facility and the strength of current prevention and screening efforts.</p> <p><b><u>CONCLUSION</u></b></p> <p>After a thorough review of applicable policy documents, facility-generated data, and interviews with institutional leadership, the Auditor concludes that the Sumter County Correctional Institution is in full compliance with PREA Standard §115.77, which addresses corrective actions for contractors and volunteers.</p> <p>The Georgia Department of Corrections has implemented a clear, enforceable policy framework that mandates the immediate restriction of access for any contractor or volunteer found to have violated PREA standards. Reporting protocols to law enforcement and licensing boards are well established, and the facility has demonstrated both the knowledge and capacity to implement these measures swiftly and appropriately.</p> <p>Although no qualifying incidents were reported during the review period, the facility's practices and preparedness reflect a proactive, policy-informed approach to protecting the rights and safety of individuals in custody. The infrastructure is firmly in place to ensure that any future misconduct by non-agency personnel will be addressed promptly, professionally, and in alignment with both GDC policy and federal PREA regulations.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>As part of the evaluation of Sumter County Correctional Institution's compliance with</p>



PREA Standard §115.78, which addresses disciplinary sanctions for individuals in custody, the Auditor conducted an in-depth review of the facility's policies, procedural documentation, and responses submitted in the Pre-Audit Questionnaire (PAQ). The primary sources of reference included the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, as well as the facility's local PREA Policy 208.06, dated February 19, 2019.

These policies collectively define the agency's expectations regarding behavioral standards for individuals in custody and provide a framework for administering disciplinary sanctions when individuals are found to have violated sexual abuse or sexual harassment prohibitions. Importantly, the policy outlines the procedures for determining sanctions, incorporating mental health considerations, and distinguishing between consensual acts and coercive or abusive conduct. The documentation reflects GDC's commitment to balancing accountability with rehabilitative intervention and trauma-informed care.

## **INTERVIEWS**

### **Facility Head or Designee**

During the on-site visit, the Auditor met with the Facility Head to gain additional insight into how disciplinary procedures are applied in cases involving sexual misconduct by individuals in custody. The Facility Head confirmed the following key points:

- The facility strictly prohibits all forms of sexual activity between incarcerated individuals under GDC policy.
- There were no administrative findings of inmate-on-inmate sexual abuse in the 12 months leading up to the audit.
- No criminal convictions for sexual abuse between incarcerated individuals occurred during the same review period.
- Disciplinary action is only taken against an individual for engaging in sexual contact with staff when it is clearly established that the staff member did not consent to the contact.
- Individuals who report sexual abuse are not disciplined if their report was made in good faith, even if the investigation later concludes the allegation was unsubstantiated.

### **Medical and Mental Health Staff**

Although the facility does not employ on-site mental health professionals, medical personnel confirmed that mental health services are available through contracted community providers. These services include therapy, behavioral counseling, and specialized interventions for individuals found responsible for sexually abusive behavior. Medical staff further noted that participation in such services may be required as part of an individual's corrective action plan, particularly when the

behavior is linked to broader clinical needs or affects eligibility for privileges or programming.

## **PROVISIONS**

### **Provision (a): Disciplinary Process for Inmate-on-Inmate Sexual Abuse**

The PAQ and staff interviews confirmed that disciplinary sanctions are only imposed when there has been a formal finding of guilt—either through an administrative process or criminal court—related to inmate-on-inmate sexual abuse. In the absence of such a finding, no disciplinary consequences are pursued.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 34, Sections H.3.a–b) establishes that all sexual contact between individuals in custody is considered non-consensual by default unless proven otherwise through investigation. The policy also emphasizes that consensual sexual activity remains a violation of institutional rules and is subject to discipline under SOP 209.01 (Offender Discipline).

### **Provision (b): Sanction Proportionality**

The facility ensures disciplinary sanctions are proportionate to the seriousness of the violation. Interviews and documentation verified that when sanctions are issued, they are informed by:

- The severity of the offense;
- The individual's prior disciplinary history; and
- Consistency with sanctions applied in similar cases involving other individuals.

#### **Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.c) mandates that disciplinary actions reflect both the nature of the behavior and the individual's background, promoting consistency and fairness.

### **Provision (c): Consideration of Mental Disabilities or Illness**

The disciplinary process incorporates assessments of mental illness and developmental disabilities. Staff confirmed that any known or suspected mental health concerns are reviewed prior to finalizing sanctions. These factors may influence both the type and severity of the disciplinary response.

#### **Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.d) directs facilities to consider psychological or cognitive conditions as mitigating factors in the sanctioning process. Additional procedures are outlined in SOP 508.18 (Mental Health Discipline Procedures), which guides the integration of clinical input.

**Provision (d): Therapeutic and Corrective Interventions**

Staff confirmed that therapeutic interventions are offered to individuals who are found responsible for sexually abusive conduct. These services may include:

- Individual or group counseling;
- Behavioral modification programming; and
- Specialized therapy as clinically indicated.
- Participation in such services may be a condition of continued access to certain privileges or programming opportunities.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.e) encourages rehabilitative approaches and outlines circumstances in which therapy or intervention may be mandated as part of a disciplinary response.

**Provision (e): Consent in Inmate-Staff Sexual Contact**

The facility does not impose disciplinary consequences on individuals in custody for sexual contact with staff unless it is clearly established that the staff member did not consent to the act. This protects individuals from being penalized for conduct initiated or facilitated by authority figures.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.f) provides specific protections in these circumstances and ensures that individuals are not unfairly disciplined for sexual interactions where consent by the staff member is not clearly absent.

**Provision (f): Good Faith Reporting Protections**

Facility leadership affirmed that individuals who report incidents of sexual abuse in good faith are not subject to disciplinary action, even if the investigation does not substantiate the allegation. This policy protects the integrity of the reporting process and encourages individuals to come forward without fear of reprisal.

**Relevant Policy:**

SOP 208.06 (p. 35, Section H.3.g) explicitly prohibits disciplinary action in cases where individuals have made PREA-related reports based on a reasonable belief, regardless of the final outcome.

**Provision (g): Prohibition of Inmate Sexual Activity**

The facility prohibits all sexual activity between individuals in custody. While consensual sexual acts may not meet the definition of sexual abuse under PREA, they are considered rule violations and handled through internal disciplinary processes.

	<p>The policy presumes all sexual contact is non-consensual until proven otherwise through a completed investigation.</p> <p><b>Relevant Policy:</b> SOP 208.06 (p. 34, Section H.3.a) reiterates this prohibition and clarifies the disciplinary expectations for consensual acts within a custodial setting.</p> <p><b><u>CONCLUSION</u></b></p> <p>Following a comprehensive analysis of institutional policies, documentation, and interviews with facility staff, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.78 – Disciplinary Sanctions for Inmates. The facility has implemented a clear, trauma-informed approach to inmate discipline in matters related to sexual abuse and harassment.</p> <p>The institution’s policies are both protective and proportionate, ensuring that sanctions are fairly applied, individualized, and informed by mental health considerations when necessary. The facility distinguishes between consensual violations of institutional rules and coercive or abusive behavior and does not punish those who report abuse in good faith.</p> <p>Although no disciplinary actions related to sexual abuse were reported during the audit review period, the facility has the procedural infrastructure and awareness necessary to respond appropriately should such cases arise. This readiness reflects a strong institutional culture of safety, accountability, and compliance with national PREA standards.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>In assessing the facility’s adherence to PREA Standard §115.81, which addresses medical and mental health screenings related to a history of sexual abuse, the Auditor conducted a detailed review of both statewide and facility-specific policy documents and operational procedures. The review focused on the facility’s practices for identifying individuals with a history of sexual victimization or abusive behavior, providing timely and appropriate follow-up care, protecting confidentiality, and obtaining informed consent when required.</p> <p>Key documentation reviewed included:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) submitted by the facility, which detailed</li> </ul>

processes in place for screening, documenting, and responding to disclosures of prior sexual victimization or abuse;

- The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;
- GDC SOP VH82-0001, Informed Consent, effective April 1, 2002, outlining agency-wide standards on consent in a correctional medical setting;
- Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, which mirrors GDC guidance while incorporating facility-level operational practices.

Together, these documents provided a comprehensive framework for how the facility identifies and supports individuals disclosing a history of sexual abuse—either as victims or as individuals who may have perpetrated such conduct. The policies further clarify when information may be shared, how it must be protected, and the steps to ensure individuals understand and consent to that process when required.

## **INTERVIEWS**

### **Risk Screening Staff**

Staff members responsible for conducting risk screening during intake confirmed that medical and mental health information obtained through the screening process is treated with the utmost confidentiality. Data is stored securely in an electronic health records system, which is accessible only to licensed medical and mental health professionals. Security or classification personnel are only granted access on a strictly limited, need-to-know basis, in alignment with agency policy and federal privacy laws.

### **Medical Staff**

Medical personnel stated that individuals who disclose a history of sexual victimization that occurred outside a correctional environment are not referred or discussed with other staff without the individual's explicit informed consent—unless they are under the age of 18, in which case mandatory reporting requirements apply. Staff further explained that all individuals disclosing prior victimization or demonstrating signs of vulnerability or sexually aggressive behavior are automatically referred for mental health follow-up within 14 days of the initial screening. These referrals are tracked and documented to ensure timely completion.

### **Mental Health Services**

While the facility does not employ a full-time, on-site mental health team, behavioral health services are delivered through a network of contracted community-based providers. Referrals may be made during intake, as a result of direct observation, or at any time through staff concern or self-report. Staff indicated that once a referral is initiated, contracted providers are promptly notified, and services are scheduled accordingly.

## **Incarcerated Individuals with a History of Sexual Victimization**

At the time of the on-site visit, one incarcerated individual housed at the facility had disclosed a history of sexual victimization during the intake risk screening process. This individual was interviewed by the Auditor to gain further insight into the facility's response and adherence to policy. During the interview, the individual confirmed that a mental health referral and evaluation were offered on the same day the disclosure was made. However, the individual chose to decline the referral at that time. The individual further acknowledged a clear understanding of the process to access mental health services in the future, should the need arise. This response demonstrates that the facility took prompt and appropriate action following the disclosure, while also honoring the individual's right to autonomy and informed decision-making regarding their care.

### **PROVISIONS**

#### **Provision (a): Follow-Up Care for Individuals Reporting Prior Victimization**

facility follows a clearly defined protocol to ensure that any individual disclosing a history of sexual victimization—regardless of where it occurred—is offered follow-up care with a qualified medical or mental health practitioner. This follow-up occurs within 14 days of disclosure, as required. Documentation confirmed that this practice is consistently applied when applicable.

#### **Relevant Policy:**

GDC SOP 208.06, p. 25, Section D(7), mandates the use of Attachment 14: PREA Counseling Referral Form for referring individuals who report a history of sexual abuse. Local PREA policy dated February 19, 2019, supports and mirrors this directive.

#### **Provision (b): Follow-Up for Individuals with a History of Abusive Behavior**

Staff interviews and documentation confirmed that individuals identified as having engaged in sexually abusive behavior in any setting—whether in the community or a correctional institution—are also referred for mental health evaluation within 14 days of that determination. Though there were no applicable cases at this facility during the audit period, staff were familiar with the procedures and confirmed readiness to implement them if necessary.

#### **Relevant Policy:**

GDC SOP 208.06, p. 25, Section D(7), also requires follow-up care for individuals with a history of abusive behavior. Tracking and referral documentation ensures accountability and compliance.

#### **Provision (c): Applicability to Facility Type**

This provision is not applicable to Sumter County Correctional Institution, as it is not a

local jail facility. The provision addressing follow-up for individuals who disclose prior victimization in jail settings does not apply.

**Provision (d): Confidential Sharing of Institutional Abuse History**

Information regarding an individual's history of sexual abuse or abusive behavior within an institutional setting is shared only when necessary to inform decisions related to safety, classification, housing, work or education program placement, and mental health services. Staff demonstrated an understanding of the need to balance the use of this information with respect for individual privacy and dignity.

**Provision (e): Informed Consent for Non-Institutional Victimization Disclosures**

Medical and mental health personnel confirmed that informed consent is always required before any disclosure of prior sexual victimization that occurred outside of an institutional setting. The only exception is when the individual is a minor, in which case mandatory reporting laws apply. The facility uses general and specific informed consent processes, depending on the nature of the disclosure and the services involved.

**Relevant Policy:**

GDC SOP VH82-0001 Informed Consent, Section VI, outlines procedures for obtaining and documenting consent for both general care and specific medical procedures. Additional accommodations are made for individuals with language, visual, or hearing barriers. Signed forms are retained in the individual's health file. Local PREA policy adheres to these standards without deviation.

**CONCLUSION**

Following a comprehensive review of policy, documentation, and staff interviews, the Auditor concludes that Sumter County Correctional Institution is fully compliant with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse. The facility has established and maintains a well-structured system to identify and support individuals with histories of sexual abuse or sexually abusive behavior. These systems include prompt follow-up care, respect for confidentiality, informed consent protocols, and trauma-informed referral procedures.

Although no cases involving prior victimization or abusive behavior were identified during the audit review period, staff demonstrated a strong understanding of their responsibilities and confidence in their ability to implement all provisions of the standard. The facility's practices reflect a commitment to providing safe, respectful, and professional care to individuals in custody, in alignment with PREA requirements and ethical medical standards.

115.82	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 338 552 371"><b><u>MATERIAL REVIEW</u></b></p> <p data-bbox="256 412 1422 568">As part of the compliance assessment with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a comprehensive review of institutional policies and documentation provided by the facility. The materials reviewed included:</p> <ul data-bbox="331 636 1469 1010" style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ);</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedures (SOP), Policy Number 208.06, titled Prison Rape Elimination Act (PREA)</li> <li>• Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022;</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019, which reflects a localized implementation of GDC’s statewide</li> <li>• PREA requirements.</li> </ul> <p data-bbox="256 1048 1469 1249">These policies collectively outline the expectations and procedures for providing immediate, responsive, and trauma-informed medical and mental health services to individuals in custody who report sexual abuse. The policies emphasize prompt care delivery, appropriate clinical judgment, victim-centered practices, and the removal of financial or investigative barriers to access.</p> <p data-bbox="256 1328 456 1361"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1402 469 1435"><b>Medical Staff</b></p> <p data-bbox="256 1444 1453 1727">Interviews conducted with medical personnel at the facility revealed a strong understanding of the urgency and sensitivity required when responding to reports of sexual abuse. Staff reported that emergency medical treatment is initiated without delay and guided by professional clinical standards. When an individual discloses sexual victimization, the first step is a swift assessment by facility medical staff to determine whether an immediate transfer to an outside hospital is necessary or whether the facility’s Sexual Assault Response Team (SART) should be activated.</p> <p data-bbox="256 1765 1477 2011">Medical staff also confirmed that individuals are provided timely access to emergency contraception and prophylaxis for sexually transmitted infections (STIs), as clinically indicated. All services are delivered with respect for the individual’s autonomy and medical needs. The facility physician issues formal orders based on the initial nursing assessment, and individuals are provided with clear information about follow-up care and medical options.</p> <p data-bbox="256 2045 628 2078"><b>Mental Health Services</b></p>



The facility does not employ on-site mental health clinicians. All behavioral health services are provided through community-based mental health partners. Due to the absence of on-site providers at the time of the audit, there were no mental health professionals available for interview under this standard.

### **Security and Non-Security First Responders**

Security personnel who serve as first responders demonstrated a strong understanding of their responsibilities. They reported that upon receiving an allegation of sexual abuse, their primary duties include ensuring the immediate safety of the reported victim, securing the scene to preserve any potential evidence, and promptly notifying both medical personnel and facility leadership.

Non-security staff, who may serve as first responders depending on the situation, reported similar actions. Their role focuses on remaining with the individual to offer reassurance, ensuring the person is not left alone, and immediately notifying trained security staff who can activate appropriate protocols.

### **Incarcerated Individuals Who Reported Sexual Abuse**

At the time of the audit, there were no individuals housed at the facility who had reported sexual abuse. As such, no interviews were conducted with individuals from this population group.

## **PROVISIONS**

### **Provision (a): Access to Emergency Services**

The PAQ and interviews confirmed that individuals who report sexual abuse are granted immediate access to emergency medical and crisis intervention services. Medical staff emphasized that care is provided without delay, and services are not dependent on the individual's willingness to name the alleged perpetrator or cooperate with an investigation.

While no reports of sexual abuse had been filed during the audit review period, staff confirmed that any such encounters would be carefully documented, including the timing of care, emergency responses initiated by non-medical staff, and services provided. This ensures full compliance with the expectation for rapid, appropriate care.

### **Relevant Policy:**

GDC SOP 208.06 (Page 36, Section I) mandates prompt access to emergency medical and mental health care, in alignment with 28 CFR § 115. The policy references SOP 507.04.85 (Informed Consent) and SOP 507.04.91 (Medical Management of Suspected Sexual Assault) as guiding documents. Sumter County Correctional Institution's local PREA policy echoes these requirements.

### **Provision (b): Response in the Absence of On-Site Medical Staff**

The PAQ and interviews with security staff confirmed that when medical staff are not immediately available, trained security personnel initiate protective measures and

notify medical professionals without delay. First responders reported they are trained to prioritize the individual's safety and secure the scene in order to preserve any evidence that may support a subsequent investigation.

**Relevant Policy:**

GDC SOP 208.06, (Page 36, Section I), and Sumter County's local PREA policy both affirm the role of security personnel in initiating emergency response when medical staff are not present. These policies clearly outline that medical personnel must be contacted immediately and involved as soon as possible.

**Provision (c): Emergency Contraception and STI Prophylaxis**

Medical staff confirmed that individuals who are sexually abused while incarcerated are offered timely and clinically appropriate access to emergency contraception and STI prophylaxis. These services are provided in accordance with accepted standards of medical practice and are offered without delay once the need is identified.

**Relevant Policy:**

GDC SOP 208.06 (Page 36) requires that all victims of sexual abuse be offered access to medical services including emergency contraception and STI prevention, when medically indicated. This provision is mirrored in the local PREA policy for Sumter County Correctional Institution.

**Provision (d): No Cost for Treatment Services**

According to the PAQ and staff interviews, all medical and mental health treatment related to sexual abuse is provided at no cost to the individual. Services are offered regardless of whether the individual chooses to participate in an investigation or name the alleged perpetrator. This approach is aligned with PREA's victim-centered standards and is supported by inmate orientation materials and institutional policy.

**Relevant Policy:**

GDC SOP 208.06 (Page 16, Section B[c]) states that sexual abuse-related treatment shall be provided free of charge and shall not be contingent upon the victim's cooperation with an investigation or identification of the perpetrator. Sumter County Correctional Institution's policy adopts this same standard.

**CONCLUSION**

Following a comprehensive review of the facility's policies, the Pre-Audit Questionnaire, and interviews with key staff members, the Auditor concludes that Sumter County Correctional Institution is in full compliance with PREA Standard §115.82. The facility has demonstrated the capacity to deliver timely and appropriate emergency medical services, ensure access to trauma-informed care, and maintain a victim-centered response system even in the absence of full-time mental health professionals. Procedures are clearly outlined, consistently implemented, and reinforced through staff training. Although no sexual abuse incidents were reported during the audit period, the facility has shown readiness and adherence to all necessary protocols, thereby fulfilling the requirements of the standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="256 237 959 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 315 544 349"><b>Auditor Discussion</b></p> <p data-bbox="256 394 552 427"><b><u>MATERIAL REVIEW</u></b></p> <p data-bbox="256 461 1469 707">In assessing the facility’s compliance with PREA Standard §115.83—Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, the Auditor undertook a detailed and structured review of institutional policies, procedures, and documentation related to the provision of sustained care for individuals impacted by sexual abuse. This included the evaluation of both survivor support and rehabilitative responses for those identified as having committed abusive acts.</p> <p data-bbox="256 741 1031 775">Key documents reviewed during this process included:</p> <ul data-bbox="328 842 1469 1379" style="list-style-type: none"> <li>• The facility’s completed Pre-Audit Questionnaire (PAQ) and supporting documentation, offering insight into both emergency and long-term care procedures;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which provides a statewide operational framework for managing PREA-related incidents;</li> <li>• GDC SOP 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective May 3, 2018, outlining mental health service expectations in the context of suspected or confirmed sexual victimization;</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019, which aligns with GDC policy and reflects tailored implementation strategies for the facility’s unique operational environment.</li> </ul> <p data-bbox="256 1424 1477 1536">Together, these policies articulate a comprehensive and trauma-informed approach to care, including procedures for confidentiality, continuity of treatment, informed consent, mental health referrals, and services provided at no cost to the individual.</p> <p data-bbox="256 1615 456 1648"><b><u>INTERVIEWS</u></b></p> <p data-bbox="256 1693 472 1727"><b>Medical Staff</b></p> <p data-bbox="256 1760 1422 2007">Medical personnel at Sumter County Correctional Institution demonstrated a clear understanding of their responsibilities under PREA and exhibited a strong commitment to upholding the dignity, health, and psychological wellbeing of individuals impacted by sexual abuse. Through interviews, staff described an extensive process that includes both immediate and ongoing care responses. Highlights included:</p> <p data-bbox="256 2040 1430 2074"><b>Immediate Access to Care:</b> Individuals disclosing sexual abuse are seen without</p>

delay by qualified healthcare personnel. The focus is on trauma-informed medical care and emotional stabilization.

**Clinical Autonomy:** All medical and mental health decisions are based on licensed providers' professional judgment and adhere to accepted standards of practice.

**No-Cost Treatment:** Health services related to sexual abuse—both physical and psychological—are provided at no cost to the individual, regardless of their involvement in any investigative process or willingness to identify the perpetrator.

**Confidentiality Protections:** Staff emphasized their responsibility to safeguard private health information. Any sharing of disclosures is limited to what is clinically or legally required and consistent with HIPAA regulations and institutional policies.

**Preventive and Diagnostic Services:** Survivors are provided with or offered emergency contraception and prophylactic treatment for sexually transmitted infections (STIs) when clinically indicated, and testing is conducted as part of the comprehensive response protocol.

**Mental Health Referrals and Follow-Up:** Ongoing care, including therapy and support services, is arranged through external licensed mental health professionals. Individuals are provided with referrals, follow-up scheduling, and information about continued services based on their needs.

**Treatment for Identified Abusers:** The facility also ensures that individuals found to have committed sexually abusive behavior are referred for a mental health evaluation within 60 days of discovery. If treatment is recommended by clinical staff, it is made available.

### **Incarcerated Individuals Reporting Abuse**

At the time of the onsite assessment, there were no incarcerated persons currently housed at the facility who had reported experiencing sexual abuse during their incarceration. As such, inmate interviews related to ongoing care provisions were not conducted.

### **PROVISIONS**

#### **Provision (a): Access to Ongoing Medical and Mental Health Services**

The PAQ and supporting staff interviews confirmed that all individuals who report having experienced sexual abuse are promptly offered a full range of medical and mental health services. This includes crisis intervention, mental health evaluations, STI treatment, and access to therapy or counseling. These services are available regardless of the individual's decision to cooperate with investigators or disclose the perpetrator's identity.

#### **Relevant Policy:**

GDC SOP 508.22 requires mental health evaluations to occur within one business day of a report. Evaluations must be conducted by neutral, licensed professionals not involved in investigations or discipline. The local PREA policy aligns directly with these expectations.

#### **Provision (b): Continuity of Care During Transfer or Release**

The facility maintains procedures to ensure that individuals receiving ongoing care are not left without support when transferred to another institution or released into the community. This includes forwarding relevant medical documentation, facilitating referrals, and ensuring appointments for continued services are arranged as part of reentry planning.

**Relevant Policy:**

GDC SOP 208.06 outlines the necessity of care coordination during transfers or discharge. Medical documentation reviewed during the audit supported the facility's compliance with this requirement.

**Provision (c): Standards of Community-Equivalent Care**

Sumter County Correctional Institution is committed to delivering healthcare services that are equivalent in quality to those offered in the broader community. This is supported in practice by the use of external, licensed mental health professionals and adherence to recognized clinical standards for treatment and care.

**Relevant Policy:**

GDC SOP 208.06 requires parity between in-facility care and community standards. The local PREA policy confirms this expectation and is consistently implemented.

**Provisions (d) & (e): Gender-Specific Care - Not Applicable**

As Sumter County Correctional Institution exclusively houses male individuals, the provisions related to pregnancy testing and other female reproductive health services are not applicable in this setting.

**Provision (f): STI Testing**

Medical staff confirmed that diagnostic testing for sexually transmitted infections is offered to any individual reporting sexual abuse when clinically indicated. This testing is conducted as part of the post-assault medical response and includes documentation of results and follow-up care as needed.

**Relevant Policy:**

GDC SOP 208.06 mandates timely STI testing as part of the medical response to sexual abuse. Sumter County's local policy reflects and supports this practice.

**Provision (g): No-Cost Services**

In line with PREA requirements, all treatment and care associated with sexual abuse are provided free of charge to the individual, regardless of their willingness to participate in investigations or legal proceedings.

**Relevant Policy:**

	<p>GDC SOP 208.06 (page 16) outlines the obligation to offer all related services at no cost. The local PREA policy reaffirms this mandate.</p> <p><b>Provision (h): Mental Health Evaluations for Abusers</b></p> <p>Individuals determined to have engaged in sexually abusive behavior toward others are referred for a mental health evaluation within 60 days of the finding. Treatment is offered based on professional assessment and clinical judgment, in accordance with the facility's rehabilitative and risk-reduction goals.</p> <p><b>Relevant Policy:</b></p> <p>GDC SOP 208.06 requires these referrals and directs staff to use Attachment 14: PREA Counseling Referral Form. Sumter County's local policy is in full compliance.</p> <p><b>CONCLUSION</b></p> <p>Based on the Auditor's comprehensive review of policies, staff interviews, and supporting documentation, it is evident that Sumter County Correctional Institution meets the requirements of PREA Standard §115.83. The facility has developed and implemented a well-structured, victim-centered approach to the delivery of both immediate and long-term medical and mental health care. The institution's protocols are guided by professional standards, confidentiality protections, and a trauma-informed philosophy. Moreover, its commitment to ensuring appropriate clinical interventions for individuals who have engaged in abusive conduct reflects a balanced, rehabilitative approach to PREA compliance. All provisions of this standard are actively upheld, and the facility is deemed to be in full compliance.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>MATERIAL REVIEW</b></p> <p>To evaluate Sumter County Correctional Institution's adherence to PREA Standard §115.86—Sexual Abuse Incident Reviews, the Auditor conducted a detailed and comprehensive review of the facility's governing policies, operational procedures, and institutional documentation related to incident reviews following allegations of sexual abuse.</p> <p>The following documents were carefully examined:</p> <ul style="list-style-type: none"> <li>• The facility's completed Pre-Audit Questionnaire (PAQ) and associated supporting documentation, which provided foundational information regarding the institutional response to sexual abuse allegations;</li> </ul>

- Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines the agency's formal structure for responding to and reviewing incidents of sexual abuse;
- Attachment 9 of GDC SOP 208.06 – Sexual Abuse Incident Review (SAIR) Checklist, which provides a standardized framework for assessing the contributing factors and institutional response to each report of sexual abuse;
- Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, which mirrors GDC's policy while tailoring procedures to the local operational environment.

Together, these documents reflect a clearly defined process for conducting meaningful, multidisciplinary incident reviews that evaluate root causes, institutional dynamics, and any necessary adjustments to policy, staffing, or physical plant in an effort to prevent future occurrences.

## **INTERVIEWS**

### **Facility Head or Designee**

In an interview with the Facility Head, the Auditor confirmed that Sumter County Correctional Institution uses a structured, multidisciplinary Sexual Abuse Incident Review Team (SAIRT) comprised of senior facility leadership. This team typically includes representatives from administration, security, mental health, and medical services. The Facility Head emphasized the institution's commitment to conducting thoughtful, objective reviews and to taking corrective or preventive action when warranted. According to the Facility Head, any actionable recommendations made by the SAIRT are seriously considered, and if approved, submitted to GDC for authorization prior to implementation.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager detailed the internal process for convening the SAIRT. According to the PCM, the team meets within 30 days following the conclusion of any investigation of alleged sexual abuse that results in a substantiated or unsubstantiated finding. Once the review is complete, the final report is submitted to both the Facility Head and the PCM for evaluation and documentation. This timeline is strictly observed to ensure timely review of each case and implementation of any system-level improvements that may be warranted.

### **Incident Review Team (IRT)**

Members of the IRT described their role in evaluating the various elements required by PREA standards and GDC policy. These include examining the motivation behind the incident, potential staff actions or failures, physical layout considerations, and institutional culture or dynamics that may have contributed to the incident. The team uses the standardized SAIR Checklist (Attachment 9) to document their findings, assess institutional response, and make recommendations to improve facility safety.

and reduce the risk of future incidents. Staff also reported that additional perspectives from investigators, front-line supervisors, and clinical professionals may be incorporated into the review process when appropriate.

## **PROVISIONS**

### **Provision (a): Timely Reviews for Completed Investigations**

According to the PAQ and verified through staff interviews, the facility conducts a sexual abuse incident review following the conclusion of every investigation into alleged sexual abuse—except when the allegation is determined to be unfounded. During the 12-month audit review period, the facility reported no substantiated or unsubstantiated cases of sexual abuse requiring a formal SAIR. Two allegations of sexual harassment were investigated and ultimately deemed unfounded; therefore, no incident reviews were conducted, as these did not meet the criteria outlined in this provision.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 36, Section J.1) requires that a Sexual Abuse Incident Review be conducted within 30 days of the conclusion of any investigation resulting in a substantiated or unsubstantiated finding. The review must be documented using Attachment 9: Sexual Abuse Incident Review Checklist. Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, reflects this same mandate.

### **Provision (b): Review Conducted Within 30 Days**

Both policy and practice confirm that the SAIRT convenes within 30 calendar days following the conclusion of any eligible sexual abuse investigation. Although no applicable incidents were reported during the audit period, the facility has a clearly defined and well-understood process in place to ensure this timeline is met when reviews are required.

#### **Relevant Policy:**

Attachment 9 of GDC SOP 208.06 provides the standard review instrument. The local PREA policy reiterates the same 30-day requirement, ensuring that findings and recommendations are addressed without delay.

### **Provision (c): Multidisciplinary Composition of Review Team**

Interviews and documentation confirm that the SAIRT is a multidisciplinary body. Its core members include administrative leadership, security supervisors, investigative staff, and medical or mental health professionals. This collaborative structure ensures that each incident review reflects a comprehensive, well-informed perspective and supports holistic decision-making.

#### **Relevant Policy:**

GDC SOP 208.06 requires participation from a variety of disciplines to ensure a thorough review. The local PREA policy mirrors this structure to support inclusive,



balanced evaluations.

**Provision (d): Documentation and Submission of Findings**

The Auditor confirmed that all Sexual Abuse Incident Reviews are formally documented using the SAIR Checklist. The completed review, which includes findings, observations, and any proposed corrective actions, is submitted to the Facility Head and the PCM for review and retention. This process ensures transparency and accountability.

**Relevant Policy:**

GDC SOP 208.06 (Section J) mandates the documentation of all SAIRs. Sumter County Correctional Institution's local policy confirms that these reports must assess policy adequacy and include actionable feedback where appropriate.

**Provision (e): Implementation of Recommendations or Justification for Non-Implementation**

The Facility Head confirmed that the institution takes the recommendations of the SAIRT seriously. When recommendations are made, the facility either implements them promptly or provides a written justification for why a particular recommendation was not adopted. Any changes to policy, procedure, or practice must receive final approval from the Georgia Department of Corrections before implementation.

**Relevant Policy:**

GDC SOP 208.06 outlines that recommendations must be either adopted or declined with documentation of the rationale. Sumter County Correctional Institution's local policy aligns with this directive and ensures consistent adherence.

**CONCLUSION**

Following a comprehensive review of relevant policies, supporting documentation, and interviews with staff directly involved in the Sexual Abuse Incident Review process, the Auditor finds that Sumter County Correctional Institution is fully compliant with PREA Standard §115.86—Sexual Abuse Incident Reviews. Although no qualifying incidents required a formal SAIR during the audit period, the facility has developed and maintained a solid, policy-driven structure to conduct these reviews effectively and promptly when necessary.

The use of a multidisciplinary team, strict adherence to timelines, and a standardized documentation process positions the institution to respond to incidents with both accountability and foresight. This approach not only ensures compliance with federal standards but also reflects the facility's broader commitment to safety, institutional learning, and continuous improvement in the prevention and response to sexual abuse.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

**MATERIAL REVIEW**

In evaluating Sumter County Correctional Institution's compliance with PREA Standard §115.87—Data Collection, the Auditor conducted a detailed review of policies, procedures, and submitted documentation related to the facility's efforts to collect, analyze, and report data regarding allegations of sexual abuse.

Central to this review was the Pre-Audit Questionnaire (PAQ), which offered critical insights into the data management infrastructure utilized by the facility and the Georgia Department of Corrections (GDC). Also reviewed were several key policies, including:

- GDC Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which outlines the Department's standardized process for collecting and reporting PREA-related data across all facilities;
- The 2023 Survey of Sexual Victimization (SSV2), completed and submitted to the U.S. Department of Justice (DOJ), which confirms the agency's participation in national data collection efforts;
- Sumter County Correctional Institution's local PREA Policy 208.06, dated February 19, 2019, which mirrors the broader GDC policy while addressing facility-specific processes and responsibilities for data submission.

Collectively, these documents reflect a well-structured and coordinated system of PREA-related data collection. They demonstrate the agency's commitment to transparency, accountability, and continuous improvement in addressing and preventing sexual abuse within its facilities.

**INTERVIEWS**

**PREA Coordinator (PC)**

During the on-site interview, the agency's PREA Coordinator detailed the data collection and reporting process in place across all GDC facilities. The Coordinator emphasized that the agency meets all federal requirements for PREA data reporting, including the timely submission of annual data to the DOJ, typically by the mandated June 30 deadline. The Coordinator explained that the data collection process is both incident-based and systemic, drawing from sources such as initial incident reports, investigative summaries, Sexual Abuse Incident Review (SAIR) documentation, and records from contracted private correctional providers. This comprehensive approach ensures a unified, system-wide PREA data collection protocol.

**PREA Compliance Manager (PCM)**

The facility's PREA Compliance Manager reinforced the agency's focus on accurate and complete data management. The PCM explained that incident-specific information is recorded in real time and that final outcomes, review findings, and response actions are logged and retained. These practices support both internal assessments of PREA performance and external reporting obligations, further strengthening institutional integrity and compliance.

## **PROVISIONS**

### **Provision (a): Standardized Data Collection**

The facility and agency use a centralized, standardized tool for collecting data related to sexual abuse allegations. This tool incorporates consistent definitions and uniform formats across all GDC-operated and contracted facilities, ensuring that the information reported is reliable and comparable system-wide.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 36, Section 2.a) requires each facility to submit a standardized monthly report—including all sexual abuse allegations and the status or final outcome of each case—using a spreadsheet template issued by the PREA Coordinator's Office. These reports are due by the third calendar day of each month. The SOP also mandates the use of Attachment 9 to document and review each SAIR conducted. Sumter County Correctional Institution's local policy mirrors this framework and adheres to the same deadlines and formats.

### **Provision (b): Annual Aggregated Data Compilation**

The agency compiles aggregated sexual abuse data on an annual basis to evaluate patterns, identify trends, and inform strategic improvements. This process includes reviewing facility-level and agency-wide reports to inform staff training, safety planning, and operational adjustments.

#### **Relevant Policy:**

GDC SOP 208.06 (p. 37, Section 2.c) requires the annual compilation of collected data for analysis. The Department must produce an annual PREA report that identifies trends and includes year-to-year comparisons. This report is published on the agency's public website, in keeping with federal transparency standards. The local PREA policy at Sumter County Correctional Institution reflects and enforces the same expectations.

### **Provision (c): DOJ Reporting Compatibility**

The GDC's data collection protocols are aligned with the reporting requirements of the U.S. Department of Justice's Bureau of Justice Statistics, particularly the annual Survey of Sexual Victimization (SSV). The data collection tools used by the agency are designed to capture every metric necessary for compliance with this national initiative.

#### **Relevant Policy:**

GDC SOP 208.06 (pp. 36–37) affirms that all PREA-related data must be capable of fulfilling federal reporting obligations and meeting DOJ standards upon request. Sumter County’s local policy is aligned with these expectations and supports full DOJ data compatibility.

**Provision (d): Use of Incident-Based Documentation**

PREA-related data is compiled using detailed, incident-based documentation. This includes the use of initial incident reports, internal investigation records, disposition outcomes, and SAIR documents. These source materials form the foundation for both facility-level tracking and agency-level reporting.

**Relevant Policy:**

GDC SOP 208.06 (p. 36) mandates the monthly submission of incident-specific data, ensuring accuracy and currency in the agency’s records. Sumter County Correctional Institution’s local PREA Policy 208.06 reinforces these requirements and establishes procedures for accurate data tracking.

**Provision (e): Inclusion of Contracted Facilities**

The agency’s data collection system includes reports from all privately operated or contracted correctional facilities that house individuals in GDC custody. This ensures that PREA oversight and accountability extend beyond state-operated institutions.

**Relevant Policy:**

GDC SOP 208.06 (pp. 36–37) mandates that contracted facilities be included in the Annual PREA Report. Data from these institutions is reviewed alongside public facility data and incorporated into overall trend analyses. The report is subject to the Commissioner’s review and is published with any necessary redactions. Sumter County’s local policy supports and implements this inclusive approach to data gathering.

**Provision (f): Submission to DOJ**

In accordance with federal regulations, the agency submits its PREA-related data annually to the DOJ. The Auditor verified compliance through review of the most recently submitted Survey of Sexual Victimization (SSV2), which reflected timely and complete reporting.

**CONCLUSION**

Following a detailed review of agency records, institutional policies, and interviews with staff responsible for PREA compliance and data reporting, the Auditor concludes that Sumter County Correctional Institution—and the Georgia Department of Corrections more broadly—is in full compliance with PREA Standard §115.87—Data Collection.

The agency has established and implemented a comprehensive data collection framework that is standardized, transparent, and fully aligned with federal

	<p>expectations. By including contracted facilities in its oversight, utilizing incident-based documentation, and compiling data both monthly and annually, the agency ensures robust monitoring and accountability across its entire system. The institution’s commitment to accurate reporting, internal analysis, and public disclosure underscores a culture of integrity and continual improvement in its approach to preventing and addressing sexual abuse in confinement settings.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To evaluate the agency’s compliance with the Prison Rape Elimination Act (PREA) Standard §115.88 – Data Review for Corrective Action, the Auditor conducted a detailed and methodical review of documentation provided prior to and during the on-site assessment. This review focused on the systems in place for analyzing and responding to PREA-related data with the goal of improving safety and accountability.</p> <p>Among the core documents reviewed were:</p> <ul style="list-style-type: none"> <li>• The Pre-Audit Questionnaire (PAQ) and its supporting materials;</li> <li>• The Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, PREA Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022, which provides guidance on agency-wide sexual abuse prevention, intervention, and reporting protocols;</li> <li>• The 2023 Survey of Sexual Victimization (SSV-2), submitted by the agency to the U.S. Department of Justice;</li> <li>• The 2024 GDC PREA Annual Data Report, which consolidates and analyzes sexual abuse-related data from facilities across the state;</li> <li>• The publicly accessible PREA web portal, available at <a href="http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA">www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>, which houses the agency’s PREA materials, including annual reports and policies;</li> <li>• The publicly accessible PREA web portal, available at <a href="https://www.sumtercountyga.us/85/Correctional-Institute">https://www.sumtercountyga.us/85/Correctional-Institute</a> which houses the facilities PREA materials, including annual reports and policies;</li> <li>• Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019, which adopts and implements GDC policy within the unique operational context of the facility.</li> </ul> <p>Together, these documents demonstrate a robust, data-informed approach to identifying trends, evaluating institutional responses, and implementing corrective strategies to prevent sexual abuse and sexual harassment in confinement.</p>

## **INTERVIEWS**

### **Agency Head or Designee**

During the on-site interview, the Agency Head's Designee described how the GDC's annual PREA report serves not only as a compliance document, but as a dynamic, evaluative tool that informs the agency's strategic decisions. This report analyzes data across multiple years, identifies problem areas, highlights successes, and outlines steps taken or planned to improve conditions. The Designee emphasized that this process is grounded in transparency and continuous quality improvement, with annual reports made available to the public via the GDC's website.

### **Facility Head or Designee**

The Facility Head confirmed that at the local level, a dedicated PREA Committee meets to review every report of alleged sexual abuse. These reviews are thoroughly documented and submitted to the agency's PREA Coordinator for inclusion in broader trend analysis. This localized contribution ensures that individual facility data and operational experiences directly inform statewide evaluations and corrective efforts.

### **PREA Coordinator (PC)**

The PREA Coordinator elaborated on the agency-wide data review process, explaining that information collected under PREA Standard §115.87 is thoroughly analyzed each year. This analysis covers the effectiveness of existing policies, training programs, supervision practices, and incident response strategies. The Coordinator affirmed that the results of this review are compiled into an Annual PREA Report, which includes detailed findings, trend analysis, and recommendations for improvement. The Coordinator also confirmed that the report is shared with both the GDC Commissioner and the public and that redactions are made sparingly and only when necessary to protect individual privacy or institutional security.

### **PREA Compliance Manager (PCM)**

The PREA Compliance Manager reinforced the agency's commitment to transparency by confirming that all PREA-related policies, procedures, training materials, and annual reports are made publicly accessible through the agency's website. This open-access approach ensures community engagement, enhances public trust, and reinforces institutional accountability.

## **PROVISIONS**

### **Provision (a): Annual Data Review and Evaluation**

According to the PAQ and interviews with the PREA Coordinator, the agency conducts an annual review of all data gathered under PREA Standard §115.87. This review assesses the effectiveness of policies, training, and operational responses to incidents of sexual abuse and harassment. The resulting report includes detailed analysis by facility, identifies trends and vulnerabilities, and offers data-driven recommendations for corrective action.

**Relevant Policy:**

GDC SOP 208.06 designates the PREA Coordinator as the lead official responsible for compiling and analyzing data. The policy requires the Coordinator to submit a facility-specific annual report to the Commissioner that outlines areas needing improvement and proposes corrective strategies. Sumter County Correctional Institution's local PREA policy fully incorporates these expectations and ensures local participation in the statewide evaluation process.

**Provision (b): Trend Analysis and Corrective Action Reporting**

The agency's annual PREA report includes multi-year comparisons and identifies shifts in reporting trends, patterns in victimization, and areas where interventions have either succeeded or require improvement. The Auditor reviewed the most recent report and verified that it includes comprehensive data, response summaries, and documented corrective measures implemented by the agency. The inclusion of forward-looking recommendations reflects a commitment to institutional learning and system enhancement.

**Public Access:**

The report is available to the public through the GDC website: [www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA](http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA).

The report is available to the public through the Sumter County Correctional website <https://www.sumtercountyga.us/85/Correctional-Institute>

**Provision (c): Public Accessibility**

As verified through the PAQ and confirmed in interviews, the GDC publishes its PREA annual reports online at least once per calendar year. These reports are clearly accessible to advocacy organizations, oversight bodies, researchers, and the general public. This practice reflects the agency's emphasis on open governance and external accountability.

**Provision (d): Transparency and Limited Redactions**

The agency reported—and the PREA Coordinator confirmed—that any redactions made to public-facing PREA reports are limited to the removal of personally identifiable information or content that could compromise institutional security. These redactions are minimal, ensuring that the public receives a comprehensive, factual report that reflects the agency's operational transparency and ethical commitment to disclosure.

**CONCLUSION**

After thoroughly reviewing institutional records, agency policies, and interview findings, the Auditor concludes that the Georgia Department of Corrections, and specifically Sumter County Correctional Institution, is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action.

	<p>The agency’s approach to data review is strategic, structured, and rooted in continuous improvement. Through detailed trend analysis, thoughtful policy evaluation, and a system of public reporting, the GDC has built a framework that not only meets but exceeds the federal requirements for corrective action based on PREA data. Sumter County Correctional Institution actively contributes to this process through its commitment to timely documentation, internal review, and collaboration with the agency’s PREA leadership.</p> <p>This integrated approach demonstrates a strong and proactive culture of safety, transparency, and accountability, ensuring that the rights and dignity of all individuals in custody are upheld through informed, data-driven decision-making.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>To assess the agency’s compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor conducted a thorough evaluation of documentation submitted in advance of the on-site visit. The review centered on the agency’s systems and procedures for safeguarding, retaining, and publicly reporting data related to allegations of sexual abuse in confinement.</p> <p>Central to this review was the Pre-Audit Questionnaire (PAQ), which provided a foundation for understanding the facility’s practices. Also examined was the Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP) 208.06, titled Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective June 23, 2022. This statewide policy outlines GDC’s expectations for data integrity, access control, publication timelines, and retention requirements.</p> <p>The Auditor reviewed the most recent GDC Annual PREA Report, which includes agency-wide aggregated data, trend analysis, and system-wide response efforts. Additionally, the Auditor evaluated Sumter County Correctional Institution’s local PREA Policy 208.06, dated February 19, 2019. This local directive mirrors the statewide SOP while accommodating the specific operational practices of the facility.</p> <p>Together, these materials offered strong evidence that the agency and facility follow a structured, secure, and transparent process for managing PREA-related data.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b></p> <p>During the on-site interview, the PREA Coordinator explained that all data associated</p>



with allegations of sexual abuse is securely housed within the agency's Risk Management System—a digital platform with access restricted to designated staff members whose roles require engagement with sensitive information. This system ensures data confidentiality while allowing for appropriate use in oversight, analysis, and compliance activities.

The Coordinator described how both individual incident records and aggregated statistics are compiled and analyzed to support internal performance evaluations and meet external reporting obligations, such as the Survey of Sexual Victimization (SSV-2) conducted by the Bureau of Justice Statistics. These data also inform the agency's Annual PREA Report, which is published publicly to promote transparency.

To maintain privacy, the Coordinator confirmed that personally identifiable information is removed from any data that is shared externally. Inmate-specific records are retained in SCRIBE, the GDC's centralized offender case management system, which functions as a permanent repository for historical data. The Coordinator further emphasized that regular reviews of PREA-related data are conducted to identify emerging trends, evaluate the effectiveness of current protocols, and recommend areas for enhancement.

## **PROVISIONS REVIEW**

### **Provision (a): Secure Data Collection and Storage**

The Auditor confirmed through document review and interviews that the GDC maintains a secure data infrastructure for storing PREA-related information. Access to this data is role-specific and limited to individuals with an operational need to view or analyze it. The data include both individual case-level documentation and facility-wide or agency-wide statistical summaries. Additionally, the agency fulfills its obligation to publish aggregated sexual abuse data annually, ensuring that the public remains informed about institutional trends and performance.

#### **Relevant Policy:**

GDC SOP 208.06 and Sumter County Correctional Institution's local PREA Policy 208.06 (February 19, 2019) establish these requirements. Aggregated data are publicly accessible through the GDC's official PREA portal:

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

### **Provision (b): Annual Publication of Aggregated Data**

Agency and facility staff confirmed that the GDC is committed to publishing agency-wide and facility-specific PREA data at least once per calendar year. The Auditor verified that current and prior year reports are available on the agency's public-facing website and include information from both state-operated and privately contracted correctional facilities.

#### **Verified Links:**

GDC PREA Reports: <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Sumter County Correctional Institute: <https://www.sumtercountyga.us/85/Correctional-Institute>

**Provision (c): Redaction of Personal Identifiers**

To ensure compliance with privacy protections and institutional safety, all public data reports are carefully reviewed and redacted of any personally identifying information. This practice was confirmed during the interview with the PREA Coordinator. Redactions are narrowly applied and limited strictly to content that could compromise the privacy, dignity, or security of any individual. All other relevant data remain intact to ensure accuracy and transparency in reporting.

**Provision (d): Data Retention Requirements**

The agency retains all PREA-related data for a minimum of ten (10) years from the date of collection unless a longer retention period is required due to legal or regulatory mandates. This standard is explicitly stated in GDC SOP 208.06, which details the retention periods for both criminal and administrative investigations.

**Criminal investigations:** Records must be retained for the duration of the alleged abuser's incarceration or employment, plus five additional years, or a minimum of ten years from the report date, whichever is longer.

**Administrative investigations:** Subject to the same retention timeframes. The PREA Coordinator also confirmed that inmate records stored in SCRIBE are retained indefinitely, supporting the agency's long-term data accountability framework.

**Relevant Policy Reference:**

GDC SOP 208.06, p. 39, Sections B and C.

Sumter County Correctional Institution's local PREA Policy 208.06 aligns with these requirements.

The Auditor verified that historical PREA reports remain publicly available online, reflecting both the agency's adherence to retention standards and its commitment to accessible public reporting.

**CONCLUSION**

After an extensive review of policy documents, agency practices, and interviews with responsible personnel, the Auditor concludes that the Georgia Department of Corrections and Sumter County Correctional Institution are in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.

The agency has developed and implemented a structured, secure, and transparent system for collecting, storing, analyzing, and publishing data related to sexual abuse in custody. From limiting data access through secure digital systems to publishing de-identified aggregated statistics annually, the agency's practices reflect a firm commitment to confidentiality, accountability, and public trust.

By retaining records beyond minimum federal timelines and making key information

	publicly available, GDC and Sumter County Correctional Institution demonstrate a clear dedication to upholding the PREA standards and fostering a safe, responsive environment for all individuals in custody.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>Georgia Department of Corrections publicly accessible website: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b></p> <p>During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a> provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 - 2022).</p> <p><b>Random Inmate</b></p> <p>Through the interview process all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p><b><u>PROVISIONS</u></b></p> <p><b>Provision (a)</b></p> <p>The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b>Provision (b)</b></p> <p>The Auditor learned this audit was in the third year of the fourth three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p>

**Provision (c)**

N/A

**Provision (d)**

N/A

**Provision (e)**

N/A

**Provision (f)**

N/A

**Provision (g)**

N/A

**Provision (h)**

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

**Provision (i)**

At all times throughout the audit process, the facility provided the Auditor with all requested information in a timely and complete manner.

**Provision (j)**

N/A

**Provision (k)**

N/A

**Provision (l)**

N/A

**Provision (m)**

The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.

**Provision (n)**

Through the interview process all (100%) inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the

	<p>same manner as if they were communicating with legal counsel.</p> <p><b>Provision (o)</b></p> <p>N/A</p> <p><b><u>CONCLUSION</u></b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>MATERIAL REVIEW</u></b></p> <p>The Auditor reviewed the Georgia Department of Corrections (GDC) publicly accessible website, which contains a range of documents and data related to PREA compliance:  <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>PROVISION</u></b></p> <p><b>Provision (f)</b></p> <p>The GDC's online PREA page offers a collection of reports detailing sexual abuse statistics from facilities across the state. These reports are published in alignment with PREA standards and are available to the public for review at:  <a href="https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea">https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</a></p> <p><b><u>CONCLUSION</u></b></p> <p>After reviewing and assessing the documentation and information provided, the Auditor finds that the agency and facility are fully compliant with all aspects of the standard related to the content and availability of audit findings.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes



<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	



	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes



	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes



	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes



	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	



(f)			
	<table><tr><td data-bbox="316 174 1289 568">The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes
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